**善终祝祷培训报名表**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **姓 名** |  | **性别** |  | **年龄** |  |
| **职务** |  | **服务时长** |  |
| **机构名称** |  | **老人数量** |  |
| **机构地址** |  |
| **手 机** |  | **座机** |  |
| **电邮/微信号** |  | **QQ** |  |