**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** | |  | | | |