附件2

四川省体育产业专家推荐汇总表

**单位（盖章）：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **出生****日期** | **民族** | **政治****面貌** | **职称** | **工作单位及职务** | **学历** | **毕业院校及专业** | **专业类型** | **身份证号码** | **电话（手机）****电子邮箱** |
| 1 | 　 | 　 | 　 | 　 |  |  | 　 | 　 |  | 　　 | 　 | 　 |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 | 　 | 　 | 　 | 　 |  |  |  | 　 |  | 　　 | 　 | 　　 |
| 6 | 　 | 　 | 　 | 　 |  |  |  | 　 |  | 　　 | 　 | 　　 |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |

审核人： 　　 　　　 填表人： 　　 联系电话：