附件：

2024年“湖南地方戏曲化妆、服装研修班”学员报名表

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓　名** | |  | **性　别** |  | **民　族** |  | | **照**  **片** | |
| **出生年月** | |  | **学　历** |  | **邮箱** |  | |
| **单位名称** | |  | | **专　业** |  | | |
| **通讯地址** |  | | | | | **邮政 编码** | |  | |
| **联系电话** |  | | | | | | | | |
| **本**  **人**  **简**  **历** |  | | | | | | | | |
| **个**  **人**  **成**  **果** |  | | | | | | | | |
| **推**  **荐**  **意**  **见** | ***此栏可由各地文广新局，高校、行业协会、地方剧团及研究机构填写（如有）***  **盖章 年 月 日** | | | | | | | | |