附件

**2024年全国心理危机干预模拟演练培训活动报名表**

省份：

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **单位** | **职务/职称** | **联系电话** | **预计到会**  **时间** | **预计离会时间** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |