**公益培训活动参训人员名单**

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| **开展“千场万家”养老机构中高级管理人员公益培训活动参训人员名单（xxx）** | | | | | |
| **序号** | **县市区** | **养老机构名称** | **培训人员姓名** | **培训人员联系方式** | **职务** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| …… |  |  |  |  |  |