附件

新进补贴甘蔗收获机现场演示评价参加人员回执表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **姓名** | **性别** | **工作单位** | **手机号码** | **是否住宿** | **是否接种新冠病毒疫苗** | **备注** |
| **全天房** | **午休房** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |