|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 附件1 | | | | | |
| 听证会参会人员报名表（消费者代表） | | | | | |
| 姓名 |  | 性别 |  | 年龄 |  |
| 身份职业 |  | 工作单位 |  | | |
| 联系电话 |  | 身份证号码 |  | | |
| 居住地址 |  | | | 邮编 |  |
| 通讯地址 |  | | | 邮编 |  |