**全国腹腔镜大会志愿者报名表**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 班级 | | |  | | |
| 学号 | |  | | | 联系方式 | |  | | |
| 有无大型赛会服务工作经验 | | |  | | | 有无摄影经验 | | |  |
| 性别 |  | | 身高/体重 | | | | |  | |
| 简  介 |  | | | | | | | | |

联系人：张同学17853138399