附件4

**武进区健康乡村（社区）行巡讲签到表**

|  |  |
| --- | --- |
| **讲座主题：** | **讲座时间：** |
| **讲座地点：** |
| **序号** | **姓名** | **联系电话** | **序号** | **姓名** | **联系电话** |
| 1 |  |  | 26 |  |  |
| 2 |  |  | 27 |  |  |
| 3 |  |  | 28 |  |  |
| 4 |  |  | 29 |  |  |
| 5 |  |  | 30 |  |  |
| 6 |  |  | 31 |  |  |
| 7 |  |  | 32 |  |  |
| 8 |  |  | 33 |  |  |
| 9 |  |  | 34 |  |  |
| 10 |  |  | 35 |  |  |
| 11 |  |  | 36 |  |  |
| 12 |  |  | 37 |  |  |
| 13 |  |  | 38 |  |  |
| 14 |  |  | 39 |  |  |
| 15 |  |  | 40 |  |  |
| 16 |  |  | 41 |  |  |
| 17 |  |  | 42 |  |  |
| 18 |  |  | 43 |  |  |
| 19 |  |  | 44 |  |  |
| 20 |  |  | 45 |  |  |
| 21 |  |  | 46 |  |  |
| 22 |  |  | 47 |  |  |
| 23 |  |  | 48 |  |  |
| 24 |  |  | 49 |  |  |
| 25 |  |  | 50 |  |  |

备注：听课人员均须凭讲座承诺书签到。