附件5

公众心肺复苏技能培训单位负责人信息表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **单位** | **姓名** | **性别** | **身份证号** | **手机号** | **邮箱** |
| 1 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

请市级科普基地将此表于6月5日前发送至skjxxskpzx@tj.gov.cn。