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| **附件2：首届“天工医创杯”创新设计竞赛报名表** | | | | | | | | | | | | | |
| 组长姓名 | |  | | | 性别 | |  | | 出生年月 | |  | 照片 |
| 学号 |  | | | | 班级 | | |  | | | |
| 报名题目 | | |  | | | | | | | | | | |
| 指导教师 | | |  | | | | | | | | | | |
| 序号 | 组员姓名 | | | | | 班级 | | | | 学号 | | | |
| 1 |  | | | | |  | | | |  | | | |
| 2 |  | | | | |  | | | |  | | | |
| 3 |  | | | | |  | | | |  | | | |
| 4 |  | | | | |  | | | |  | | | |
| 联系方式 | | | |  | | | | | | | | | |
| 报名组别 | | | |  | | | | | | | | | |
| 备注 | | | |  | | | | | | | | | |