附件1

**江门市卫生计生系统全民消防安全宣传教育培训**

**“工作小组”名单**

市（区）/单位： 填报日期：

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| **序号** | **姓名** | **性别** | **职务** | **是否有消防培训经验** | **手机号码** |
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填报人： 联系电话：

注：各市（区）培训小组人数不少于5人；市直各单位不少于2人。