附件一：

听证会报名表

|  |  |  |  |
| --- | --- | --- | --- |
| **姓名** |  | **联系方式** |  |
| **身份证号码** |  | | |
| **单位/职业** |  | | |
| **政治面貌** |  | **是否为人大代表**  **或政协代表** |  |
| **对拟定规范性文件的审查建议** |  | | |