**แบบตอบรับเข้าร่วมการอบรม**

**โครงการเสริมสร้างองค์ความรู้การบริหารจัดการน้ำระบบธนาคารน้ำใต้ดินสู่องค์กรปกครองส่วนท้องถิ่น ประจำปีงบประมาณ พ.ศ. 2564**

**ในวันอังคารที่ 24 สิงหาคม 2564**

**ณ ห้องประชุม 3201 อาคาร 3 ชั้น 2 กรมส่งเสริมการปกครองท้องถิ่น**

 **๑. ชื่อ** (นาย/นาง/นางสาว).............................................**สกุล**.................................................................

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 ลงชื่อ..........................................................ผู้ให้ข้อมูล

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 ตำแหน่ง........................................................

 วันที่..............................................................

กรุณาส่งแบบตอบรับภายในวันจันทร์ที่ 9 สิงหาคม ๒๕๖4

กลุ่มงานส่งเสริมการพัฒนาเศรษฐกิจ สังคม และคุณภาพชีวิต (กง.พศ.)

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