附件：

培训班报名表

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称 | | |  | | | | | | | |
| 单位地址 | | |  | | | | | | | |
| 联 系 人 | | |  | | | 联系方式 | |  | | |
| 序号 | 姓名 | | | 出生年月 | | 性别 | | 手机 | | 单住/合住 |
| 1 |  | | |  | |  | |  | |  |
| 2 |  | | |  | |  | |  | |  |
| 3 |  | | |  | |  | |  | |  |
| 4 |  | | |  | |  | |  | |  |
| 5 |  | | |  | |  | |  | |  |
| 6 |  | | |  | |  | |  | |  |
| 7 |  | | |  | |  | |  | |  |
| 发票开具信息 | | | | | | | | | | |
| 发票类别 | | 单位名称 | | | 纳税人识别号 | | 地址、电话 | | 开户行及账号 | |
|  | |  | | |  | |  | |  | |

注：此表务必于8月19日（星期一）前，将电子版反馈至我会质量管理与监督检测分会邮箱zjxzlfh@163.com。