|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2019年第二期辐射安全与防护培训班回执** | | | | | | | | | | |
| **报 名 单 位** | | | | | | | | | | |
| **\*单位名称** | | |  | | | | **\*联系人** | |  | |
| **\*邮编** | | |  | | | | **\*联系方式** | |  | |
| **\*通讯地址** | | |  | | | | | | | |
| **参 培 人 员** | | | | | | | | | | |
| **序号** | **\*姓名** | | | **\*性别** | **\*手机** | | | **\*邮箱** | | **\*是否住宿** |
| **1** |  | | |  |  | | |  | |  |
| **2** |  | | |  |  | | |  | |  |
| **3** |  | | |  |  | | |  | |  |
| **4** |  | | |  |  | | |  | |  |
| **5** |  | | |  |  | | |  | |  |
| （如不够，请另附表格填写） | | | | | | | | | | |
| **住 宿 学 员 请 继 续 填 写 此 栏** | | | | | | | | | | |
| **\*住宿日期** | | 12月29日 🞎 12月30日 🞎 | | | | | | | | |
| **\*所需房型** | | 标准间 🞎 | | | | | | | | |
| **\*住宿酒店** | | 长城宾馆 | | | | | | | | |
| **开 据 发 票 单 位 请 继 续 填 写 此 栏** | | | | | | | | | | |
| **\***  **普票 🞎**  **专票 🞎** | | 单位名称 | | | |  | | | | |
| 纳税人识别号 | | | |  | | | | |
| 地址 | | | |  | | | | |
| 电话 | | | |  | | | | |
| 开户行 | | | |  | | | | |
| 账号 | | | |  | | | | |
| **证 书 及 发 票 邮 寄 地 址** | | | | | | | | | | |
| 收件人 | |  | | | | | | | | |
| 联系方式 | |  | | | | | | | | |
| 地址 | |  | | | | | | | | |
|  | | 1、\*如果发票邮寄地址与第三排通讯地址一致则发票处可不写 | | | | | | | | |
| 2、\* 标注为必填内容，谢谢配合。 | | | | | | | | |