**质量/环境/职业健康安全管理体系**

**内审员培训班**

**报 名 回 执 表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单 位 | |  | | | | | | | |
| 详细通信地址 | |  | | | | | 邮编 | |  |
| 联系人 | |  | | 联系电话 |  | | 传真 | |  |
| 序号 | 姓 名 | 性别 | 职 称 | 学 历 | 联系方式 | 是否食宿 | | 备注 | |
| 1 |  |  |  |  |  |  | |  | |
| 2 |  |  |  |  |  |  | |  | |
| 3 |  |  |  |  |  |  | |  | |
| 4 |  |  |  |  |  |  | |  | |
| 5 |  |  |  |  |  |  | |  | |
| 6 |  |  |  |  |  |  | |  | |
| 7 |  |  |  |  |  |  | |  | |

**注：请于2月26日前反馈质协，此表可传真或邮寄，复印有效**