**质量信得过班组骨干培训班报名回执**

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| 单位名称 | |  | | | | | | | | |
| 通信地址 | |  | | | | | | | 邮编 |  |
| 联系人 | |  | | | 联系电话 | |  | | 传真 |  |
| 序号 | 姓 名 | | 性别 | 学 历 | | 联系电话 | | 是否住宿 | | 备注 |
| 1 |  | |  |  | |  | |  | |  |
| 2 |  | |  |  | |  | |  | |  |
| 3 |  | |  |  | |  | |  | |  |
| 4 |  | |  |  | |  | |  | |  |
| 5 |  | |  |  | |  | |  | |  |
| 备注 | 1200元/人(现金缴费,不刷卡)。培训班统一安排食宿，费用自理。参加培训的达到7人的，可免收领队人员培训费（1人）。请于4月7日前将此表可传真或发指定邮箱。 | | | | | | | | | |