附件：

**第一期检验检测机构资质认定内审员培训班报名回执**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | | | | | |
| 快递地址 |  | | | | 邮箱 |  | | |
| 经办人姓名 |  | | 手机 |  | 电话 |  | | |
| **发票说明** | | 仅提供增值税普通发票 | | **纳税人识别码** |  | | | |
| **开票单位名称** | |  | | | | | | |
| **单位注册地址及电话** | |  | | | | | | |
| **开户行及账号** | |  | | | | | | |
| 姓 名 | 性别 | 出生年月 | 手 机 | | | | 新考 | 复查 |
|  |  |  |  | | | | □ | □ |
|  |  |  |  | | | | □ | □ |
|  |  |  |  | | | | □ | □ |
|  |  |  |  | | | | □ | □ |
|  |  |  |  | | | | □ | □ |
|  |  |  |  | | | | □ | □ |
| 备注 |  | | | | | | | |

报名联系人：庄海健18976654321；邓湘13876330167 电话：65353997 邮箱：8713320@qq.com