附件：

**检验检测机构技术负责人/质量负责人/授权签字人能力提升培训班报名回执（4月）**

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| 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 | | | | 备 注 |
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