附件：

授权签字人培训预报名回执表

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| **单位名称： （共 人）** | | | | | | | | | | |
| **填写要求：每一项都要填写，填完后请认真核对姓名、工作单位（请与单位公章名称保持一致），填写负责人、负责人联系电话（以便于联系各检测机构）、负责人邮箱（以便于发送培训通知、电子发票等至各检测机构）、纳税人识别号（以便于正确开具发票）。核对无误后请发送至suyuanpeixun@126.com邮箱。** | | | | | | | | | | |
| **序号** | **姓名** | | **手机号** | **工作单位** | | **学历** | | **专业** | **本专业工作年限** | **备 注** |
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| 负责人 | |  | | | 联系方式 | |  | | | |
| 负责人邮箱 | |  | | | | | | | | |
| 纳税人识别号 | |  | | | | | | | | |