附件：

《关于在成都市举办注册职业卫生师、注册安全工程师继续教育培训班等安全生产培训班的通知》报名回执表

**填表单位： 填表人： 电话：**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **单位名称** | **职务** | **手机** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **备注** | **请注明需要订房情况（单间或标间）** |  |
|  |