**参培回执**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 单位名称 | |  | | | |
| 姓名 | 性别 | 职务 | 手机号码 | 电子邮箱 | 备注 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 发票抬头 | |  | | | |
| 纳税人识别号 | |  | | | |
| 缴费方式 | | □在线支付 | | □现场刷卡 | |
| 酒店预订 | | □单人 间 | | □标准 间 | |

请于2019年7月10日12：00前将参会回执发送到：ecicfltrpjs@163。联系人：何林17826010524；钱正霖 13851904425。