**等保培训班报名回执**

***（请参加培训的人员详细填写报名表，通过电子邮件回复）***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 工作单位 | |  | | | | 联系人 |  | | | 电话 | |  | |
| 证书邮寄地址 | | |  | | | | | | 邮编 |  | | | |
| 联系人邮箱 | | |  | | | | | | | | | | |
| 序号 | 姓名 | 性别 | 学历 | 籍贯 | 身份证号码 | | 部门 | 职务 | | | 手机号码 | | 电子邮箱 |
| 1 |  |  |  |  |  | |  |  | | |  | |  |
| 2 |  |  |  |  |  | |  |  | | |  | |  |
| 3 |  |  |  |  |  | |  |  | | |  | |  |
| 4 |  |  |  |  |  | |  |  | | |  | |  |
| 5 |  |  |  |  |  | |  |  | | |  | |  |
| **备注：** | | | | | | | | | | | | | |

注：新参训人员每人需交2张**大一寸**彩照。

**开 票 信 息**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **开票信息** | | | | | | | **邮寄信息** | | |
| **单位名称** | **发票类型** | **纳税人识别号** | **地址** | **电话** | **开户行** | **账号** | **联系人** | **联系电话** | **邮寄地址** |
|  |  |  |  |  |  |  |  |  |  |
| 备注 |  |  |  |  |  |  |  |  |  |