**会议报名回执**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称 | |  | | | | | | | 邮编 | |  |
| 通讯地址 | |  | | | | | | | 传真 | |  |
| 联系人 | |  | | | 部门 | |  | | 职务 | |  |
| 联系电话 | |  | | | 电子信箱 | |  | | | | |
| 参会人员名单：共人，预计日到达人参加培训。 | | | | | | | | | | | |
| 姓名 | 性别 | | 部门 | 职务 | | 电话 | | 手机 | | 电子信箱 | |
|  |  | |  |  | |  | |  | |  | |
|  |  | |  |  | |  | |  | |  | |
| 备注 | 您希望讨论或解答那方面的问题或内容（请预先告知，以便安排）： | | | | | | | | | | |

**咨询电话：027-**87592219/20/21 **回执传真：027-**87592221-141**邮箱：[train@e-works.net.cn](mailto:train@e-works.net.cn)**