附件：

第三方环境检测机构从业人员基本实操技能培训报名回执表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 参加培训人员信息 | | | | | | | | | |
| 姓名 | 联系电话 | | 身份证号码 | | | 单位(地区) | 是否住宿 | 单间/标双 | 房间数量 |
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| 参培单位增值税普通发票开票信息 | | | | | | | | | |
| 单位名称 | |  | | | 纳税人识别号 | |  | | |
| 快递信息 | | | | | | | | | |
| 单位地址 | |  | | | | | | | |
| 收件人姓名 | |  | | 联系电话 | | |  | | |