|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件 | | | | | | | | |
| **商贸流通领域消防安全 高级研修班报名表** | | | | | | | | |
| **姓名** | **性别** | **身份证号** | **单位名称** | **职务/职称** | **手机** | **邮箱** | **传真** | **房间 （单/标）** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **说明：** | | | | | | | | |
| 1.此表复印有效； | | | | | | | | |
| 2.请填写后传真至010-58891086； | | | | | | | | |
| 3.单人入住补差价500元。 | | | | | | | | |