**附件一：**

**定员定额管理师岗位能力培训班**

**参培回执表**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **公司名称**  **（盖章）** | （请准确填写，以便开具发票） | | | | | |
| **姓名** | **性别** | **职务** | **手机** | **E-mail** | **预计到达酒店时间** | **食宿** |
|  |  |  |  |  | **2015.5.09上午10点（例）** | **是/否** |
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| **负责人姓名** |  | | | **负责人手机** |  | |
| **公司地址** |  | | | | | |
| **付款方式** | **□现金 □转账 □学习通票 □支付宝** | | | | | |
| **备注：** | | | | | | |
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注：上表复印有效