附件：

**标准物质培训班回执**

**（2017年11月14~ 16日）**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | 姓别 |  | | 专业 | |  | |
| 职务/职称 |  | | | | 手机 | |  | | | |
| 单位名称 |  | | | | | | | | | |
| 联系地址 |  | | | | | | | | | |
| 身份证 |  | | | | | E-mail |  | | | |
| **（以上信息为单位联系和发证信息，请学员认真填写）** | | | | | | | | | | |
| **住宿登记** | | **个人单间** |  | | | **双人标间** |  | **不住宿** | |  |
| **增值税普通发票**  （发票单位名称） | |  | | | | | | | | |
| **增值税专用发票** | | **（请咨询本单位财务索要开票信息填入下表内）** | | | | | | | | |
| 单位名称 | |  | | | | | | | | |
| 纳税人识别码 | |  | | | | | | | | |
| 银行名称 | |  | | | | | | | | |
| 银行账号 | |  | | | | | | | | |
| 联系地址 | |  | | | | | | | | |
| 联系电话 | |  | | | | | | | | |