附件：

全国区域雷电灾害风险评估研修班报名回执

填表时间： 年 月 日

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| 单位名称 | |  | | | | 邮 编 | |  | | | | |
| 通讯地址 | |  | | | | 传 真 | |  | | | | |
| 单位联系人 | |  | | 电话/手机 | |  | | 邮 箱 | | |  | |
| 参加会议人员 | | | | | | | | | | | | |
| 姓 名 | 性 别 | | 民 族 | | 部 门 | | 职 务 | | | **手 机** | | **邮 箱** |
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| 入住时间 |  | | | | | | 退房时间 | |  | | | |
| 食 宿 | 单人间（ ）间；双人间（ ）间；清真餐（ ）人 | | | | | | | | | | | |
| 开票信息 | 户头：  税号（纳税人识别号）：  开户行、账号：  地址、电话：  开票类别（请选择）：口培训费 口会议服务费 口会议费 | | | | | | | | | | | |
| 备注： | | | | | | | | | | | | |

注：邮箱务必填并确认无误，培训发票开立电子版直接发送到邮箱。如有其它特殊要求请在备注中说明。