**报名回执**

| **申请单位** |  | | | | | | | | |
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| **通讯地址** |  | | | | | | | | |
| **联 系 人** |  | | | **联系电话** | |  | **传真** | |  |
| **E-mail** |  | | | | | | **学员人数** | |  |
| **学员姓名** | **性别** | | **手机** | | **身份证号码（制证需要）** | | | **备注** | |
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| **费用缴纳** | | 培训开课前汇款到指定账户 | | | | | | | |
| **质促会账户** | | 名称：广州开发区质量发展促进会  税号：51440 112MJ L0164 64G  开户银行：中国建设银行广州萝岗支行  银行账户：44050147004200000200 | | | | | | | |
| **开票信息** | | 发票种类：□增值税普通发票 □增值税专用发票  1.开票人名称：  2.纳税人识别号：  3.地址及电话：  4.开户行及账号： | | | | | | | |
| **★温馨提示** | | **参加培训签到时请带上大一寸或小一寸彩色证件相片一张** | | | | | | | |

**联系方式**： 丘勇坚：15814806081（微信同号）电子邮箱：gddqda@126.com