**培训班报名回执**

本单位决定以下人员参加培训：（不够可另附纸）

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| 单位名称(盖章) | |  | | | | | | | | | |
| 邮寄地址 | |  | | | | | | | | | |
| 联系人 | |  | | | | | 电话 | | |  | |
| **以下为电子发票开票信息：** | | | | | | | | | | | |
| **统一社会信用代码** | |  | | | | | **受票人手机** | | |  | |
| **地址** |  | | | | **电话** | | |  | | | |
| **开户行** |  | | | | **银行帐号** | | |  | | | |
| 培训班名称 | 姓名 | | 职务、部门 | 联系电话 | | 姓名 | | | 职务、部门 | | 联系电话 |
| QCC活动的常用工具“三图一表”培训  暨QCC活动指导师考试（半天） |  | |  |  | |  | | |  | |  |
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