附件

**全省首期中小学安全教育教研员体验式高级研修班 报名回执表**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单 位 名 称（开票全称） | 姓 名 | 性别 | 民族 | 职务 | 办公电话 | 手 机 | 电子邮箱 | 统一社会信用代码（确保正确） |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**注：**为便于开具发票，请务必填写正确的“单位名称”、“统一社会信用代码”和“电子邮箱”。