附件

**风险分级管控和隐患排查治理双重预防机制培训班报名表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称 | | | |  | | | | | 邮政编码 | |  | | | 联系人 | |  |
| 邮寄地址 | | | |  | | | | | | | | | | 联系电话 | |  |
| 增值税发票开具信息（下列信息请与本单位财务人员核对后填写完整,凭此开具发票，请注明专票或普票） | | | | | | | | | | | | | | | | |
| 单位 | | | 纳税人识别号 | | 开户银行 | | 开户账号 | | | 地址 | | | 电话 | | 备注 | |
|  | | |  | |  | |  | | |  | | |  | |  | |
| 参 加 人 员 信 息 | | | | | | | | | | | | | | | | |
| 姓 名 | 性别 | 职务/职称 | | | | 专业 | | 联系电话 | | | | 电子信箱 | | | | |
|  |  |  | | | |  | |  | | | |  | | | | |
|  |  |  | | | |  | |  | | | |  | | | | |
| 备 注 | | | | 住宿：是 □否 □ ； 单间：是 □否 □ ； | | | | | | | | | | | | |
| 其他： | | | | | | | | | | | | |