**附件1：**

**关于举办检验检测机构资质认定许可管理**

**能力提升综合培训班报名回执**

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| 单位名称 |  | | | | | | | | |
| 收件地址 |  | | | | | | 邮箱 |  | |
| 联系人 |  | | 手机 |  | | | 微信号 |  | |
| 发票（请勾选） | | （ ）普票 + （ ）专票 | | | | 统一社会信用代码 | |  | |
| 单位注册地址及电话  （专票信息专用） | |  | | | | | | | |
| 开户行及账号  （专票信息专用） | |  | | | | | | | |
| 姓 名 | | 手 机 | | | 微信号 | | | | 备注 |
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