附件

**测量不确定度评定培训班报名回执表**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | | | | |
| 办公地址 |  | | | | | | |
| 联系人姓名 |  | | | 手机 |  | | |
| 姓名 | 性别 | 学历 | 手机号 | 身份证号 | | 从事该工作年限 | 备注 |
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| **发票类型** |  | | | | | | |
| **开票单位名称** |  | | | | | | |
| **纳税人识别号** |  | | | | | | |
| **单位注册地址**  **及电话** |  | | | | | | |
| **开户行及账号** |  | | | | | | |
| **邮箱（用于接收发票）** |  | | | | | | |

**备注：请确保以上信息的真实性，如有虚报，后果由填报单位承担。**