**附件：**

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| **2020年固体废物处理处置技术人员培训班报名表** | | | | | | | | |
| **报 名 单 位** | | | | | | | | |
| **\*单位名称** | | |  | | | **\*联系人** | |  |
| **\*邮编** | | |  | | | **\*联系方式** | |  |
| **\*通讯地址** | | |  | | | | | |
| **参 培 人 员** | | | | | | | | |
| **序号** | **\*姓名** | | | **\*性别** | **\*手机** | | **\*邮箱** | |
| **1** |  | | |  |  | |  | |
| **2** |  | | |  |  | |  | |
| **3** |  | | |  |  | |  | |
| **4** |  | | |  |  | |  | |
| **5** |  | | |  |  | |  | |
| **6** |  | | |  |  | |  | |
| **7** |  | | |  |  | |  | |
| **8** |  | | |  |  | |  | |
| **9** |  | | |  |  | |  | |
| **10** |  | | |  |  | |  | |
| （如不够，请另附表格填写） | | | | | | | | |
| **证 书 邮 寄 地 址** | | | | | | | | |
| 收件人 | |  | | | | | | |
| 联系方式 | |  | | | | | | |
| 地址 | |  | | | | | | |