附件2：

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| 2021年第三期挥发性有机物（VOCS）连续自动监控系统设施管理培训报名回执 | | | | | | | | | |
| **单位名称** | | | |  | | | | | |
| **联系人** | | | |  | | **联系电话** |  | | |
| **一、报名人员信息** | | | | | | | | | |
| **序号** | **姓名** | **性别** | **民族** | **身份证号码** | **联系电话** | **QQ** | **E-mail** | **学历** | **专业** |
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| **二、发票开票信息** | | | | | | | | | |
| **单位名称** | | | | |  | | | | |
| **纳税识别号** | | | | |  | | | | |
| **金额（元）** | | | | |  | | | | |
| **三、培训资料、合格证书快递信息** | | | | | | | | | |
| **单位名称** | | | | |  | | | | |
| **收件地址** | | | | |  | | | | |
| **收件人及联系电话** | | | | |  | | | | |
| **邮箱** | | | | |  | | | | |

备注：请将**本报名表、报名人员1寸电子版照片、身份证扫描件**发至邮箱：sdepihbzz@vip.163.com 。