 宁 波 市 合 格 评 定 协 会

CNAS CL01宣贯暨微生物、化学领域

认可要求培训班报名回执表

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| **单位名称** | |  | | | | | | | | |
| **发票寄送地址** | |  | | | | | | | | |
| 培训联系人 | |  | E-mail |  | | | 联系电话 | |  | |
| 培训内容 | | ① 全部内容  ② CL01:2018;CL01-G001  ③ CL01-A001;CL01-A002;RB/T 215-2017;RB/T 216-2017;《食品资质认定条件》 | | | | | | | | |
|  | 性别 | 学员姓名 | 联系手机 | | | 培训内容  （①/②/③） | | 住宿  （是/否） | | 拼房  （是/否） |
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| 缴费方式 | | □汇款缴费 □现场缴费 | | | | | | | | |
| 发票抬头（增值税普通发票）： | | | | |  | | | | | |
| 纳税人识别号或统一社会信用代码： | | | | |  | | | | | |

注: 请将此报名回执表(电子版)发邮件至：nb\_hgpdxh@163.com

联系人：邱晶磊 0574-55885385