**食品安全管理体系新版培训课程**

报名回执

日期： 年 月 日

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| 企业名称 | (盖章) | | | | | **电话** |  | |
| 通信地址 |  | | | | | **传真** |  | |
| 联系人 |  | | **手机** |  | | **E-mail** |  | |
| **姓名** | **性别** | **职务** | **民族** | **身份证号** | **手机号** | | | **是否住宿** |
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**注：1. 此表可复制，并以正楷书写每项内容，以备存档之用。**

**2. 接受个人名义的报名。**