附件二：

培训回执单

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 姓名 | 单位 | 职称/职务 | 电话 | 到达日期 | 返程日期 |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 备注：回执请20 日前发送至邮箱 qcjsfzzwh@163.com。 | | | | | | |