**首期团体标准编制研修班报名回执**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | **性别** | **单位** | **职务** | **手机** | **是否考察** | **是否需停车** | **备注** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**注**：请填写回执表，于8月16日前发送至chslabwh@163.com，联系人：林子逸，15623572570；邵伊然，13601220445。