**EPC培训回执表**

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| --- | --- | --- | --- | --- | --- | --- |
| **单位名称** |  | | | | | |
| **参**  **会**  **人**  **员** | 姓名 | 职务 | | 手机 | | 备注 |
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| **办公室联系人** |  | | **联系方式** | |  | |
| **通讯地址** |  | | | | | |
| **房间** | 住宿日期： 月 日,所需房间数量（ ） | | | | | |
| 单人间：（ ）间 双人间（ ）间 | | | | | |
|  |  | | | | | |