社会化检测机构人员技能培训预报名回执

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 单位名称 | |  | | | | |
| 预报名期次及地点 | |  | | | | |
| 单位联系人 | |  | | 联系方式 | |  |
| 预报名人员基本信息（每单位不超过20人） | | | | | | | |
| 姓名 | 出生年月 | | 身份证号 | | 职务/职称 | | |
|  |  | |  | |  | | |
|  |  | |  | |  | | |
|  |  | |  | |  | | |
|  |  | |  | |  | | |
|  |  | |  | |  | | |
|  |  | |  | |  | | |