**附件：**

环境保护设施运行人员培训班报名表 培训类别（ ）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 参加培训人员信息 | | | | | | | | | | | | | |
| 序号 | 姓 名 | 性别 | | 民族 | 岗位 | 文化程度 | 联系电话 | | 电子邮箱 | 身份证号 | | 从业年限 | 是否住宿 |
| 1 |  |  | |  |  |  |  | |  |  | |  |  |
| 2 |  |  | |  |  |  |  | |  |  | |  |  |
| 3 |  |  | |  |  |  |  | |  |  | |  |  |
| 4 |  |  | |  |  |  |  | |  |  | |  |  |
| 5 |  |  | |  |  |  |  | |  |  | |  |  |
| 6 |  |  | |  |  |  |  | |  |  | |  |  |
| 7 |  |  | |  |  |  |  | |  |  | |  |  |
| 8 |  |  | |  |  |  |  | |  |  | |  |  |
| 参培单位增值税普通发票开票信息 | | | | | | | | | | | | | |
| 单位名称 | | |  | | | | | 纳税人识别号 | |  | | | |
| 联系人 | | |  | | | 手机 | |  | | 邮箱 |  | | |
| 教材、证书邮寄地址 | | |  | | | | | | | | | | |

年 月 日（单位盖章）