通 用 课 程 培 训 需 求 回 执 表

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| 培训班类型 | | 内审员培训 | 培训地点 | | | | 大连 | | 培训时间 | | | | | 5月29-31日 |
| 企业名称（代号） | |  | | | | | | | | | | | | |
| 邮寄地址 | |  | | | | | | | | | 邮编 |  | | |
| 联系人姓名 | |  | | | | 传真 | |  | | | | | | |
| 手机/电话 | |  | | | | 邮箱 | |  | | | | | | |
| 住宿需求 | | 口是口否 | 房间数 | | |  | | 住宿日期 | | | | |  | |
| 参会人员情况 | | | | | | | | | | | | | | |
| 序号 | 姓名 | 所在部门/职务 | | | 手机 | | | | 专业/学历 | | | | | |
| 1 |  |  | | |  | | | |  | | | | | |
| 2 |  |  | | |  | | | |  | | | | | |
| 3 |  |  | | |  | | | |  | | | | | |
| 客户开票信息：增值税普通发票是□否□ 增值税专用发票是□否□ | | | | | | | | | | | | | | |
| 企业名称 | |  | | | | | | | | | | | | |
| 纳税人识别号 | |  | | | | | | | | | | | | |
| 地址、电话 | |  | | | | | | | | | | | | |
| 开户行名称及账号 | |  | | | | | | | | | | | | |
| 付费方式 | | 转账口 现金口 | | 金额（元） | | | | | |  | | | | |
| 说明：1、此表请发送到６４５０６８１９８＠qq.com。2、请准确填写各栏内容，住宿栏请务必注明是或否，以便预留客房（标准间）。3、如参加人员有变化，请及时通知相应联系人。 | | | | | | | | | | | | | | |