附件：

第五期“高校后勤党委（党总支）书记高级研修班”

报名回执

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| --- | --- | --- | --- | --- | --- | --- |
| 姓名 | 性别 | 工作单位 | 职务 | | 电 话 | E-mail |
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|  |  |  |  | |  |  |
| 详细通讯地址 |  | | | | 邮政编码 |  |
| 住宿  时间 |  | | 房间  标准 |  | | |
| **发票**  **抬头** |  | | | | | |
| **税号** |  | | | | | |

**注：回执可复制，**请各单位尽快用电邮发至cseds1108@163.com