附件：

**《脚手架安全技术系列标准》宣贯培训班报名回执表**

经研究，我单位选派下列同志参加学习： （加盖单位公章）

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| **单位名称**  **（盖 章）** | |  | | | | | | | | | | | |
| **单位地址** | |  | | | | | | | | | **邮编** | |  |
| **联系人** | |  | | **手机** | |  | | | **电话** |  | | | |
| **E-mail** | |  | | | | | | **传真** |  | | | | |
| **参加培训人员（详细填下表）** | | | | | | | | | | | | | |
| 姓 名 | 性别 | | 职务 | | 部门 | | 手机/电话 | | | | | 住宿安排 “√” | |
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注：此表不够，可自行复制；如时间紧迫，可电话、传真报名。请将此表发至邮箱；[673920572@qq.com](mailto:673920572@qq.com)。

联系电话：18710161787