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| 附件1： | |  | |  | | | | |  | |  |
| **2025年医疗器械无菌保证技术研讨会 报名回执** | | | | | | | | | | | |
|  |  | | |  |  |  | | | | | |
| 单位 |  | | | | | | 邮箱 |  | | | |
| 开票信息 | 名称： | | | | | | | | | | |
| 纳税人识别号： | | | | | | | | | | |
| 开户行及帐号： | | | | | | | | | | |
| 地址、电话： | | | | | | | | | | |
| 姓名 | 手机 | | 职务 | | | 会议酒店房间预订 | | | | | |
| 入住时间 | | 离店时间 | | 房型 | |
|  |  | |  | | |  | |  | |  | |
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| \* 住宿说明：本次培训包含**住宿费用（合住），需要单间请告知并补差价550**。  **请尽早与秘书处联系**请**2025年3月1日17点前**填写回执回复秘书处。 | | | | | | | | | | | |