附件1

**5G网络运行管理员培训班**

**单 位 报 名 回 执**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | 单位名称 |  | | | | | 通讯地址 |  | | | | | 培训形式 | □线上 □线下 | | 培训时段 | □7月 □8月 □9月 □10月 | | 姓 名 | 性别 | 身份证号 | 手机 | 邮 箱 | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | 发票信息 | 1.发票抬头：  2.纳税人识别码：  3.单位注册地址：  4.开户银行名称及银行账号：  5.联系电话： | | | | | 报名联系人  及联系方式 | 部门： 姓名：  电话： 邮箱： | | | | |

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