附件2

报名回执

我单位选派以下人员参加道路运输安全管理培训班：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 联系人 |  | | 单位名称 | | |  | | | | | | | |
| 通讯地址 |  | | | | | | | | | | | | |
| 办公电话 |  | | | 传真 |  | | | 手机 |  | | QQ号码 | |  |
| **姓名** | **性别** | **工作单位及职务** | | | | | **办公电话** | | | **手机** | | **备注** | |
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（单位公章）

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