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| 附件： | |  | |  | | | | | |  |  |
| **中国医疗器械行业协会医疗器械包装专业委员会成立周年大会**  **暨“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 | 性别 | | 手机 | | | | | 职务 | | | |
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| \* 住宿说明：本次培训**住宿费用自理，**请自行预订酒店。  南京明发珍珠泉大酒店**：**本次培训住宿酒店，酒店房间有限，培训人员如需使用协议价请尽早与酒店联系，请3月9日17点前填写回执回复秘书处。  协议价：双床间 360元/间 含双早 大床间 360元/间 含单早  **您也可自行安排至其他酒店入住。** | | | | | | | | | | | |
| **1324816131** | | | | | | | | | | | |