**管理体系内部审核员培训班报名回执**

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| 单位名称 | |  | | | | | | | |
| 详细地址 | |  | | | | | | | |
| 管理者代表 | |  | | 电话 | |  | | 传真 |  |
| 联系人 | |  | |  | |  |
| 课程选择 | | □ISO9001质量管理体系 □ISO14001环境管理体系 □ISO18001职业安全体系 | | | | | | | |
| 序号 | 姓名 | | 性别 | | 联系电话 | | 手机 | | 身份证号码 |
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（此表复制有效）

单位盖章

年 月 日