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| **单位名称** |  | | | | | | | **行业类别** | |  |
| **详细地址** | \_\_\_\_\_\_\_**省/市**\_\_\_\_\_\_\_**市/县/区**\_\_\_ \_\_ | | | | | | | | | |
| **审 批 人** |  | **职务** | |  | **电话** |  | | **手机** | |  |
| **联 系 人** |  | **部门** | |  | **职务** |  | | **手机** | |  |
| **电话（区号）** |  | | | | **传真** |  | | E-mail | |  |
| **参会姓名** | **部 门** | | **性别** | **职务** | **电话** | | **手机** | | | **电子信箱或QQ** |
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| 希望与专家  交流的问题 |  | | | | | | | | | |
| 会议地点 | 西宁 | | | | | | | | | |
| 是否住宿 | 自行安排□；单住(标间)\_\_­­\_\_间；标间拼住\_\_\_\_间；备注： | | | | | | | | | |
| 费用总额 | 万 仟 佰 拾 元整 | | | | | | 小写 | | ￥： | |
| 单 位 盖 章  二O 年 月 日 | | | | | | | | | | |
| **报名联系人：郭女士**  **报名电话：010-59367898**  **传 真：010-59367999** | | | | | | | | | | |

附件：**新形势下招标投标新政策及招标采购管理与监督流程标准化专题培训班报名表**

**请用正楷字认真逐项填写此表，便于安排；如报名人员较多时此表格可复印使用。**