附件2：

**2020年保险公司卓越财会实务专题培训班报名回执表**

经研究，我单位选派以下同志参加： （请加盖单位公章）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | | | 参会人数 |  | | | 参会期次（地点） | | | 上海市 | |
| 联 系 人 |  | | 电话（+ 区号） | | |  | 手机 |  | | 微信 |  | | E - mail |  |
| 参会人姓名 | 性别 | 职 务 | | | 部门 名 称 | | | | 办公电话 | 手机 | | 微信 | | E - mail |
|  |  |  | |  | | | | |  |  | |  | |  |
|  |  |  | |  | | | | |  |  | |  | |  |
|  |  |  | |  | | | | |  |  | |  | |  |
|  |  |  | |  | | | | |  |  | |  | |  |
|  |  |  | |  | | | | |  |  | |  | |  |
|  |  |  | |  | | | | |  |  | |  | |  |
|  |  |  | |  | | | | |  |  | |  | |  |
| 住 宿 要 求 | ▪ 单人间 间 ▪ 双人间 间 | | | | | | | | | | | | | |
| 您重点关注或需要解答的问题（可另附页）：  *请认真填写或按本表目次另行录排，以便收到最好的学习交流效果。* | | | | | | | | | | | | | | |

*本回执复制有效*