**附件3：**

**生产经营单位职业卫生管理人员职业卫生培训班报名回执表**

**（初训）**

| **序号** | **姓名** | **性别** | **职称** | **文化****程度** | **身份证号** | **单 位** | **职务** | **联系电话** | **是否 住宿** | **是否****午餐** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |