附件2:

**“《卫生计生系统内部审计工作规定》(国家卫生和计划生育委员会令 第 16 号)宣贯”培训班报名回执表**

单位（盖章）：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | | 参加人数 |  | | | 参加期次（地点） | | |  | |
| 联 系 人 |  | | 电话（+ 区号） | |  | 传 真 |  | | 手机 |  | | E - mail |  |
| 参加人姓名 | 性别 | 职 务 | | 部 门 名 称 | | | | 办公电话 | 传 真 | | 手 机 | | E - mail |
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| 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）： | | | | | | | | | | | | | |

本回执复制有效