附件1：

广州国际生物岛医疗器械GMP初级专员（内审员）专场培训班报名表

**单位：**

**联系地址： 联系人： 电话：**

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| **序号** | **姓名** | **性别** | **职务/职称** | | **身份证号码** | | **手机号码** | **备注** |
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| **□内勾选发票类型**  **□增值税普通发票：填写1、2项**  **□增值税专用发票：填写1至5项** | | | | **1.单位名称** | |  | | |
| **2.纳税人识别号** | |  | | |
| **3.地址** | |  | | |
| **4.电话** | |  | | |
| **5.开户行** | |  | | |