附件1

**辐照灭菌系列国家标准宣贯会报名回执**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **单位名称** | |  | | | | | | |
| **联系地址** | |  | | | | **邮编** | |  |
| **联系电话** |  | | | **联系人手机号** |  | | | |
| **姓名** | **性别** | | **住宿情况** | | | | **E-mail** | |
|  | □男 □女 | | □住 □不住 | | | |  | |
|  | □男 □女 | | □住 □不住 | | | |  | |
|  | □男 □女 | | □住 □不住 | | | |  | |
|  | □男 □女 | | □住 □不住 | | | |  | |
|  | □男 □女 | | □住 □不住 | | | |  | |