附件3

特种设备无损检测机构鉴定评审人员报名回执

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称 | |  | | | | | |
| 统一社会信用代码 | |  | | | | | |
| 纳税人识别号 | |  | | | | | |
| 姓名 | 性别 | 职务/职称 | | 联系电话（手机） | | 住宿要求 | |
|  |  |  | |  | | □合住  □单住  □不住宿 | |
|  |  |  | |  | | □合住  □单住  □不住宿 | |
|  |  |  | |  | | □合住  □单住  □不住宿 | |
|  |  |  | |  | | □合住  □单住  □不住宿 | |
|  |  |  | |  | | □合住  □单住  □不住宿 | |
|  |  |  | |  | | □合住  □单住  □不住宿 | |
| 联系人 |  | 电话 |  | 邮箱 |  | 传真 |  |
| 通讯地址 |  | | | | | 邮编 |  |