附件

健康管理师培训班报名回执表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 单位名称 | |  | | | | |
| 培训项目 | |  | | | | |
| 邮寄地址 | |  | | | | |
| 联 系 人 | |  | | 职 务 | |  |
| 手 机 | |  | | 邮 箱 | |  |
| 参会人员  姓名 | | 性别 | 职称/职务 | | 手机号码 | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
| 备注 |  | | | | | |

**注：**如有疑问或需要帮助，请与工作人员联系。