附件

医疗器械不良事件监测和再评价及召回管理培训班报名回执

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 联系人\* |  | | 手机\* | |  | | | 联系电话 |  | |
| 单位\* |  | | | | | | | 传真\* |  | |
| 通讯地址\* |  | | | | | | | 邮编 |  | |
| 是否住宿 | □否； □单住； □拼住。需协助安排\_\_\_日至\_\_\_日住宿，共\_\_\_间 | | | | | | | | | |
| 发票类型\* | □增值税普通发票 □增值税专用发票 | | | | | | | | | |
| 增值税专用发票信息  **（开专票必填）** | 开票单位名称\* | | |  | | | | | | |
| 纳税人识别号\* | | |  | | | | | | |
| 地址及电话 | | |  | | | | | | |
| 开户行及帐号 | | |  | | | | | | |
| 姓名 | 性别 | 职务/职称 | | | | 手机号码\* | E-mail地址\* | | | 期次 |
|  |  |  | | | |  |  | | |  |
|  |  |  | | | |  |  | | |  |
|  |  |  | | | |  |  | | |  |
| 您对本培训的建议 |  | | | | | | | | | |

注：\*为必填项。本表可复制。