附件3

“高等学校教师综合能力提升培训班”

报名回执表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | 团队联系人 |  |
| 单位地址 |  | | | 联系人手机号 |  |
| 姓名 | 性别 | 职务 | 办公电话 | 手机号码 | 邮箱 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 发票内容 | 发票单位全称：  纳税人识别号：  （默认开票信息是两项，需要完整信息请补充完整） | | | | |
| 备注：参会人员手机号、邮箱与发票信息必填，用于开票和接收发票。 | | | | | |