附件

**中国保险学会全国保险公司营销管理与模式变革专题培训班报名回执**

经研究，我单位选派以下同志参加： （请加盖单位公章）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | | | 参加人数 |  | | | 参加期次（地点） | | |  | |
| 联 系 人 |  | | 电话（+ 区号） | | |  | 传 真 |  | | 手机 |  | | E - mail |  |
| 参加人姓名 | 性别 | 职 务 | | | 部 门 名 称 | | | | 办公电话 | 传 真 | | 手 机 | | E - mail |
|  |  |  | |  | | | | |  |  | |  | |  |
|  |  |  | |  | | | | |  |  | |  | |  |
|  |  |  | |  | | | | |  |  | |  | |  |
|  |  |  | |  | | | | |  |  | |  | |  |
|  |  |  | |  | | | | |  |  | |  | |  |
|  |  |  | |  | | | | |  |  | |  | |  |
|  |  |  | |  | | | | |  |  | |  | |  |
| 住 宿 要 求 | ▪ 单人间 间 ▪ 双人间 间 | | | | | | | | | | | | | |
| 您重点关注或需要解答的问题（可另附页）： | | | | | | | | | | | | | | |

*本回执复制有效*