全国保险公司价值经营和销售转型专题培训班报名回执

（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 |  | | 邮箱 |  |
| 参加人姓名 | 性别 | 职务 | 部门 | |  | 电话 | 邮箱 |
|  |  |  |  |  | |  |  |
|  |  |  |  |  | |  |  |
|  |  |  |  |  | |  |  |
|  |  |  |  |  | |  |  |
|  |  |  |  |  | |  |  |
|  |  |  |  |  | |  |  |
|  |  |  |  |  | |  |  |
|  |  |  |  |  | |  |  |
|  |  |  |  |  | |  |  |
| 住 宿 要 求 | ▪ 单人间 间 ▪ 双人间 间 | | | | | | |

此回执复印有效