**附件2**

**商业特许经营培训报名回执**

**单位名称（盖章）：**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **通讯地址** |  | | | | **邮编** | |  |
| **联系人** |  | | **电话** |  | **传真** | |  |
| **参 加 代 表 名 单** | | | | | | | |
| **姓名** | **性别** | **职务** | | **手机** | | **E-MAIL** | |
|  |  |  | |  | |  | |
|  |  |  | |  | |  | |
|  |  |  | |  | |  | |
|  |  |  | |  | |  | |
|  |  |  | |  | |  | |
| **请列出您需要**  **咨询的问题** | |  | | | | | |

**注：为保证培训工作顺利开展，请参加培训的单位认真填写此表；**

**此表复印有效。**