附件

**消毒产品生产企业管理能力提升培训班预报名表**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓 名** | **单 位** | **性 别** | **单位类别** | **联系方式** | **是否住宿** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **填 报 人** |  | | **单位** | **联系电话** |  | |
| **注：①此表电子版请发至邮箱：[sdsggwsyxdgkxh@163.com](mailto:sdsggwsyxdgkxh@163.com)；**  **②消毒产品企业请在单位类别中注明具体生产类别（消毒剂、消毒器械、抗（抑）菌制剂、卫生用品）。** | | | | | | |