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| **关于举办2022年第一期恶臭嗅觉测试人员**  **网络培训班的通知** | | | | | | |
| **单位名称** | |  | | | | |
| **联系人** | |  | **联系电话** | | |  |
| **一、报名人员信息** | | | | | | |
| **序号** | **姓名** | **身份证号码** | | **联系电话** | **岗位选择** | |
|  |  |  | |  | □ 嗅辨员 □ 判定师 | |
|  |  |  | |  | □ 嗅辨员 □ 判定师 | |
|  |  |  | |  | □ 嗅辨员 □ 判定师 | |
|  |  |  | |  | □ 嗅辨员 □ 判定师 | |
|  |  |  | |  | □ 嗅辨员 □ 判定师 | |
| **二、电子发票开票信息（只开名称+税号）** | | | | | | |
| 单位名称 | |  | | | | |
| 纳税识别号 | |  | | | | |
| 金额（元） | |  | | | | |
| 发票接收邮箱 | |  | | | | |
| **三、培训合格证书收件地址** | | | | | | |
| 单位名称 | |  | | | | |
| 收件地址 | |  | | | | |
| 收件人及联系电话 | |  | | | | |