**中物联医药物流分会**

**——医疗器械供应链管理专项培训（2018年）报名表**

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| **单位名称** | |  | | | | | | **联系人姓名** |  |
| **单位地址** | |  | | | | | | **联系人手机** |  |
| **电 话** | |  | | **传真** | |  | | **联系人邮箱** |  |
| **公司简介** | |  | | | | | | | |
| **发票及汇款** | | **发票抬头：** | | | | | | | |
| **【发票类型】**  **□增值税普通发票；**  **□增值税专用发票（会前汇款，公对公汇款，需提供相关资料）**  **可以开具：□培训费 □会务费 □会议费 □会议展览服务**  **未确认发票类型，默认开具增值税普通发票，一经开出概不退换** | | | | | | | |
| **发票领取方式** | | | **□现场领取 □快递(到付)** | | | | |
| **5月12—13日 培训** | | | | **医疗器械供应链管理专项培训** | | | | | **酒店待定** |
| **参**  **会**  **人**  **信**  **息** | **姓名** | | **性别** | **职位** | | | **手机** | | **E-mail** |
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