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| **《医院危机公关、舆情管理及突发事件应对》培训班**  **报名回执表** | | | | | | | | |
| 基本信息栏 | | | | | | | | |
| 医院名称 |  | | | | | | 级 别 |  |
| 联 系 人 |  | | 电 话 | |  | | 邮 箱 |  |
| 姓 名 | 性 别 | 职 务 | | 手 机 | | 邮 箱 | | |
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| 住宿安排 | 标间[ ] 大床房[ ] 房间数量共[ ]间 | | | | | | | |
| 入住时间:21日（ ） 22日（ ） | | | | | | | |
| 注册费用 | 培训费: 元× 人= 元 | | | | | | | |
| 发票事项 | 发票抬头名称： | | | | | | | |
| 纳税人识别号： | | | | | | | |
| 地 址、电 话： | | | | | | | |
| 开户行及账号： | | | | | | | |

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