附件二

**国际注册首席创新官（CCIO）高级培训班**

**报名回执表**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** |  | **年龄** |  | **民族** |  |
| **工作单位** | |  | | | | | |
| **职务** |  | **职称** |  | **身份证号** |  | | |
| **办公电话** | |  | | **手 机** |  | | |
| **传 真** | |  | | **电子邮箱** |  | | |
| **通信地址** | |  | | **邮 编** |  | | |
| **到达时间** | |  | | **航班车次** |  | | |
| **备 注** | |  | |  |  | | |

注：此表请于7月26日前，发送电子邮件至chuangzaoxuehui@163.com。