附件**：**参加培训人员回执表（此表可复印）

**参加消毒产品卫生安评备案及标准检验检测培训回执表**

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| --- | --- | --- | --- | --- | --- |
| **序号** | **单位名称** | **姓名** | **职位/职称** | **联系电话** | **邮箱** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |