**高级食品安全管理人员能力提升研修班**

**报名表**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 企业名称 | |  | | | | | | |
| 注册地址 | |  | | | | | | |
| 通讯地址 | |  | | | | | 邮编 |  |
| 注册资本 | |  | | | | 成立日期 |  | |
| 联系人 | |  | | 电话 |  | | | |
| 传真 | |  | | | | | | |
| 学员姓名 | | 性别 | 职务 | | 手机、电子邮箱（接收通知用） | | | |
|  | |  |  | |  | | | |
|  | |  |  | |  | | | |
| 主要产品及服务 |  | | | | | | | |
| 企业亮点(品牌创新发展、品牌传播案例、核心竞争力等) |  | | | | | | | |
| 企业荣誉 |  | | | | | | | |
| 企业盖章 |  | | | | | | | |