附件：

《特殊医学用途配方食品注册管理办法》解读培训班

报名回执表

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **单位名称** |  | | | | | | | | |
| **地 址** |  | | | | | | | **邮 编** |  |
| **单位电话** |  | | | **传真** |  | | **电子邮件** |  | |
| **姓 名** | **性别** | **民族** | **职务** | | | **手 机** | | **备 注** | |
|  |  |  |  | | |  | |  | |
|  |  |  |  | | |  | |  | |
| **住 宿** | **不需住宿□ 需住宿□** | | | | | | | | |
| **您企业需要解决哪些方面的问题：** | | | | | | | | | |

备注：请于3月28日前将回执[发至wutong667@126.com](mailto:发至wutong667@126.com)/ changxiaomin@chinafic.org