附件

**食品生产经营单位先进食品安全管理体系**

**宣贯培训报名表**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **公司名称** | **企业类别（生产/流通/餐饮）** | **企业规模（人数）** | **职务** | **联系电话** | **邮箱** | **场次及**  **时间** |
| **1** |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |

（为确保报名成功，请填入完整信息）