附件5

特种设备安全管理负责人报名汇总表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | | | |
| 姓名 | 性别 | 职务/职称 | 联系电话(手机) | | 住宿要求 | |
|  |  |  |  | | □合住□单住□不住宿 | |
|  |  |  |  | | □合住□单住□不住宿 | |
|  |  |  |  | | □合住□单住□不住宿 | |
|  |  |  |  | |  | |
| 联系人 |  |  | 电话 |  | 传真 |  |
| 联系地址 |  | | | | 邮编 |  |