**附件一**

**危险废物管理和技术高级研修班报名表**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **单位名称（盖章）：** | | | | |
| **姓名** |  | **性别** |  | 照片 |
| **年龄** | |  | |
| **职务** | |  | |
| **职称** | |  | |
| **身份证号** | |  | | |
| **通信地址** | |  | | |
| **联系电话** | |  | | |
| **Email地址** | |  | | |
| **学历及所学专业** | |  | | |
| **现从事工作岗位**  **和工作时间** | |  | | |
| **备注** | |  | | |