附件1 参加培训人员回执单

| **序号** | **姓名** | **身份证号** | **性别** | **出生年月**  **(1980.01)** | **文化**  **程度** | **工作单位**  **（与辐射安全许可证名称一致）** | **职务** | **发票抬头** | **手机** | **工作类别** | **是否**  **住宿** | **是否**  **合住** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |
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**备注：工作类别：**A.环保监管；B.单位辐射安全与防护；C.放射诊断；D.放射治疗；E.核医学；F.工业辐照；G.工业探伤；H.核子仪；I.测井；J.开放性实验室；K.同位素销售；L.其他；

**文化程度：**初中、高中、中专、大专、本科、硕士、博士