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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| 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |

**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