附件：

2018年评价师培训班及信用评价推进会回执

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **单位名称** | **姓名** | **联系电话** | **是否参加信用评价师培训班 (2天）** | **是否参加信用评价推进会**  **(半天）** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |