**附件一：首届制冷空调行业技术总监（CTO）高级研修班回执**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | **性别** | |  | **职称/职务** | |  | |
| **工作单位** |  | | | | | | | |
| **通讯地址** |  | | | | | | **邮编** |  |
| **联系电话** |  | | **E-mail** | | |  | | |
| **教育背景及从业经历** |  | | | | | | | |
| **对本次培训班的建议：** | | | | | | | | |
| **单位意见**  **（公章）**  **填表日期： 年 月 日** | | | | | | | | |

请将此回执传真到：010-68434679或回复电子邮件至：eygao@car.org.cn。