**附件1：**

《保健食品注册与备案管理办法》及相关法规、配套文件

培训班报名回执表

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **单位名称** |  | | | | | | | | |
| **地 址** |  | | | | | | | **邮 编** |  |
| **单位电话** |  | | | **传真** |  | | **电子邮件（必填）** |  | |
| **姓 名** | **性别** | **民族** | **职务** | | | **手 机（必填）** | | **备 注** | |
|  |  |  |  | | |  | |  | |
|  |  |  |  | | |  | |  | |
| **住 宿** | **不需住宿□ 需住宿□** | | | | | | | | |
| **注：会务组可代为预订住宿，若有住宿需求的参会人员，请务必注明。** | | | | | | | | | |

备注：请于11月 15日前将回执[发至menyangyang@chinafic.org](mailto:发至wutong667@126.com)