附件2

2018年全省瓜菜水果农药残留
检测技术培训班回执

填报单位：（公章）

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 姓 名 | 单 位 | 性别 | 职 务 | 联系电话 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |