**全国保理业务水平考试（NFCC）培训**

**企业申请表**

**第（十八）期**

**如您确认并已经了解项目内容和运作方式，请填写项目申请表并签名确认(专委会会员单位需加盖企业公章)。此表信息对外保密，请您完整、详细填写（复印有效）。**

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| **\*单位名称** | | | | | **发票抬头**： | | | | | | | | | | | |
| **\*邮寄地址（用于邮寄证书）** | | | | |  | | | | | | | | | | | |
| **联系人** |  | | | | **座机** |  | | | | | **电子邮箱** | |  | | | |
| **微信号** |  | | | | **手机** |  | | | | | **是否专委会会员单位** | | | | |  |
| **申请项目：全国保理业务水平考试（NFCC）培训（ ）人次**  **注：一次性报名5人次以上，可享受总费用的9.5折优惠；**  **一次性报名8人次以上，可享受总费用的9折优惠。** | | | | | | | | | | | | | | | | |
| **参加人员** | | | | | | | | | | | | | | | | |
| **\*姓名** | | |  | | | |  | | |  | | | |  | | |
| **\*性别** | | |  | | | |  | | |  | | | |  | | |
| **\*职务** | | |  | | | |  | | |  | | | |  | | |
| **座机** | | |  | | | |  | | |  | | | |  | | |
| **\*手机** | | |  | | | |  | | |  | | | |  | | |
| **\*电子邮箱** | | |  | | | |  | | |  | | | |  | | |
| **\*身份证号**  **制作证书需要** | | |  | | | |  | | |  | | | |  | | |
| **\*您是通过何种途径了解到此课程的招生信息？（可多选）** | | | | | | | | | | | | | | | | |
| **□同事或者朋友推荐 □通过保理协会了解 □收到邀请**  **□互联网（请列出名称）**  **□报纸、杂志广告（请列出名称）**  **□其他（请注明）** | | | | | | | | | | | | | | | | |
| **是否住宿** | |  | |  | | | | |  | | |  | | |  | |
| **要求房型** | |  | |  | | | | |  | | |  | | |  | |
| **报到时间** | | 4月（　）日 | | 4月（　）日 | | | | | 4月（　）日 | | | 4月（　）日 | | | 4月（　）日 | |
| **离开时间** | | 4月（　）日 | | 4月（　）日 | | | | | 4月（　）日 | | | 4月（　）日 | | | 4月（　）日 | |
| **主营业务：** | | | | | | | | **企业规模（在编人数）：** | | | | | | | | |
| **注册资本（万）：** | | | | | | | | **2016年销售额（万）：** | | | | | | | | |
| **业务定位及客户情况：** | | | | | | | |  | | | | | | | | |
| **希望从全国保理业务水平考试（NFCC）培训中获得什么帮助：** | | | | | | | | | | | | | | | | |