**保理行业业务水平考试（NFCC）培训**

**企业报名表**

**第（五十）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）。**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*单位名称** | | |  | | | | | | | | | |
| **\*发票详细信息** | | |  | | | | | | | | | |
| **\*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：保理行业业务水平考试（NFCC）培训（ ）人次**  **注：一次性报名5人及以上，可享受总费用的9.5折优惠；**  **一次性报名8人及以上，可享受总费用的9折优惠。** | | | | | | | | | | | | |
| **参加人员** | | | | | | | | | | | | |
| **\*姓名** | | **\*职务** | | **\*性别** | | **\*证件号** | | | **\*电话** | | **\*邮箱** | | |
|  | |  | |  | |  | | |  | |  | | |
|  | |  | |  | |  | | |  | |  | | |
|  | |  | |  | |  | | |  | |  | | |
|  | |  | |  | |  | | |  | |  | | |
|  | |  | |  | |  | | |  | |  | | |
|  | |  | |  | |  | | |  | |  | | |
| **\*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 □通过中金济国了解 □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）** | | | | | | | | | | | | |
| **本期培训请自行安排住宿** | | | | | | | | | | | | |
| **主营业务：** | | | | | | | **企业规模（在编人数）：** | | | | | |
| **注册资本（万）：** | | | | | | | **2020年销售额（万）：** | | | | | |
| **业务定位及客户情况：** | | | | | | |  | | | | | |
| **希望从保理行业业务水平考试（NFCC）培训中获得什么帮助：** | | | | | | | | | | | | |