附件一：

**CCEC报名费汇款信息单**

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| --- | --- | --- | --- |
| **学校名称** |  | | |
| **学校编号** |  | **报名人数** |  |
| **汇款金额** |  | **是否需要发票** |  |
| **发票抬头** |  | | |
| **证书邮寄地址** |  | | |
| **联系人** |  | **联系方式** |  |
| **备注信息** |  | | |
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