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| 第二種衛生管理者受験準備講習会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 受講希望日 | | | | | | | | | | 令和 | |  | | | | | | 年 |  | | | 月 | |  | 日 |
| 受　講　申　込　書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ・本様式は、Ａ４版サイズで提出してください。（感熱紙不可）  ※印欄は記入しないこと。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * 受付番号 | | | | | | | |  | | | | | | | | | | | | | | | | |
| * 修了証番号 | | | | | | | |  | | | | | | | | | | | | | | | | |
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| 備　　　 考 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **静岡労働局長登録教習機関　（登録第1号）** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 令和 | |  | 年 | |  | | | | | | | | 月 | |  | | | | | | | | 日 | | | | | |  |  | | | | | **（公社）静岡県労働基準協会連合会長** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **月　　　日支払予定**  (講習日の2週間前までにお願いします) |

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| 《個人情報について》上記の個人情報につきましては、当会が安全に管理し、本講習の実施目的以外には使用いたしません。 |