参会回执

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| --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | 邮编 |  |
| 通信地址 |  | | | | |
| 联系人 |  | 手机 |  | | |
| 微信号 |  | 电子邮箱 |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 职务/职称 | 手机 |
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