附件：

参会回执表

填表日期： 月 日

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **单位** | |  | | |
| **填表人** | |  | **联系电话** |  |
| **序号** | **姓名** | **性别** | **职务/职称** | **联系电话** |
|  |  |  |  |  |
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|  |  |  |  |  |

注：将参会回执表于9月20日17:00前发送到邮箱1292812136@qq.com