附件

**参会回执**

参会单位：

|  |  |  |
| --- | --- | --- |
| 姓名 | 职务 | 联系电话（手机） |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

填报人： 联系电话：