**参会回执**

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| --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | 住宿情况 | |
| 通讯地址 |  | | | 房间 | |
| 姓名 | 性别 | 职务 | 手机号 | 单间 | 标间 |
|  |  |  |  |  |  |
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**注**：请填写回执表，于9月5日前发送至邮箱：js86211159@163.com。联系人：施怡 18651809666；薛源13915981007