**参会回执**

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| --- | --- | --- | --- | --- | --- |
| **单位名称** |  | | | **邮 编** |  |
| **通讯地址** |  | | | | |
| **联 系 人** |  | | **职 务** |  | |
| **电子邮件** |  | | **手 机** |  | |
| **办公电话** |  | | **传 真** |  | |
| **姓 名** | **性 别** | **部 门** | **职 务** | **联系方式** | |
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| **备 注** |  | | | | |

（此表可另附）