附件

**参会回执表**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 参会单位 |  | | 联系人 |  | 电话 |  |
| 参会人员信息 | | | | | | |
| 姓 名 | 职 务 | 手 机 | 电 话 | | 邮 箱 | |
|  |  |  |  | |  | |
|  |  |  |  | |  | |
|  |  |  |  | |  | |
|  |  |  |  | |  | |
|  |  |  |  | |  | |
|  |  |  |  | |  | |
|  |  |  |  | |  | |
|  |  |  |  | |  | |
|  |  |  |  | |  | |
|  |  |  |  | |  | |
|  |  |  |  | |  | |
| 住宿时间 | 2月 日～ 日（住宿统一安排，费用自理。） | | | | | |

**联系人及电话：**毛建华 010-63971774 13641005838 **传真：**010-63971682