**附件**

**参会人员回执**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **序号** | **单位名称** | **参会人员** | **职务** | **联系方式** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

填报人： 联系方式：