附件：参会回执

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 |  | 职务/职称 |  | 手机 |  |
| 邮箱 |  | | | 单位名称 |  | | |
| 地址 |  | | | 单位税号 |  | | |
| 是否拼房合住 | | 是 🞏 否 🞏 | | | | | |
| 入住时间 |  | | | 退房时间 |  | | |
| 其他要求 |  | | | | | | |