附件

参会回执

填报单位（盖章）：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 序号 | 姓 名 | 性别 | 民族 | 工作单位及职务 | 联系电话 |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |