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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件  参会回执 | | | | | | | | |
| 姓名 |  | 性别 |  | 年龄 |  | | 职称 |  |
| 工作单位 |  | | | 职务 |  | | | |
| 通讯地址 |  | | | | | | | |
| 固定电话 |  | | | 电子邮箱 | |  | | |
| 移动电话 |  | | | 传真 | |  | | |
| 住宿 | 单间□ 合住标间□ | | | | | | | |
| 餐饮 | 需要□ 不需要□ | | | | | | | |
| 其他要求与建议 |  | | | | | | | |