**附件**

**参会回执**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 单位 |  | | | | | |
| 姓名 | 性别 | 职务 | 电话 | 是否住宿 | 住宿要求 | |
| 单间 | 标间 |
|  |  |  |  |  |  | |
|  |  |  |  |  |  | |
|  |  |  |  |  |  | |

注：请参会人员将参会回执于6月17日前发送到邮箱403341981@qq.com