附件

**参会回执**

单位名称：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **姓 名** | **职 务** | **联系方式** | **是否参会** | **备注** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| **3** |  |  |  |  |  |