附件：

参会回执

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 单位名称 |  | | | |
| 姓 名 | 性别 | 职务/职称 | 邮箱 | 电 话 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**注：**

1. 请于11月15日前将参会回执发给会务组。