**附件1：**

**参会代表回执表**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | 性别 | 单位名称 | 职务 | 职称 | 联系电话 | 17号晚是否用餐 | 住宿要求 |
| 是 | 否 | 单 | 标 |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |