附件

参会回执

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **序号** | **单位** | **姓名** | **职务** | **备注** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

填报人： 联系电话：