报名回执表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | | | |
| 姓名 | 性别 | 职务 | 是否住宿 | 手机 | 邮箱 | 微信号 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

备注：请参会人员于4月19日前提交报名回执表。