附件1：

参会回执

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | | |
| 通讯地址 |  | | | 邮编 |  |
| 姓名 | 性别 | 职务职称 | 电话/手机 | | 传真 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |