附件：

会议回执

会员单位名称：

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **姓 名** | **性别** | **民族** | **职 务** | **手机号码** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **发票抬头** |  |  |  |  |
| **税号** |  |  |  |  |
| 备 注：协调人XXXX |