附件2

**参会人员回执表**

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|  | | | |  |  |  |
| **序号** | **姓名** | **性别** | **单位** | **职务** | **联系方式** | **是否住宿、用餐** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 备注：1、如需住宿，请填写住宿日期;如需用餐，请填写用餐日期；  2、请于7月6日12:00前将参会回执表发送至sdszxqyxh@163.com邮箱。 | | | | | | |