附件2

参会人员回执

单位名称：

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **职务/职称** | **联系电话（手机）** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |