附件2

参会人员回执

参会单位：

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 工作单位 | 职务 | 单位主要负责人／本项工作具体负责人 | 是否住宿（单间／标准间） | 是否用餐 |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |

联系人： 联系电话：