附件1

**会议回执表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **单 位** |  | | | | | | | | | | | | | | **是否住宿** | |
| **姓名** |  | **职务** | |  | | | | | **性别** | |  | | | | **是 / 否**  **（包间注明）** | |
| **电话** |  | | | | | | | | | | | | | |
| **姓名** |  | **职务** | |  | | | | **性别** | | | |  | | | **是 / 否**  **（包间注明）** | |
| **电话** |  | | | | | | | | | | | | | |
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| **电话** |  | | | | | | | | | | | | | |
| **姓名** |  | | **职务** | |  | | | | **性别** | | | |  | **是 / 否**  **（包间注明）** | | |
| **电话** |  | | | | | | | | | | | | |
| **姓名** |  | | **职务** | | |  | | | | **性别** | |  | | | | **是 / 否**  **（包间注明）** |
| **电话** |  | | | | | | | | | | | | | | |
| **备注** | **请各单位参加会议的人员将上述信息填写完整，并将此反馈在8月15 日前发至邮箱：jlszlxh@163.com** | | | | | | | | | | | | | | | |