附件：

参会回执表

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **职称/职务** | **单位** | **联系电话** | **电子邮箱** | **参会方式****（现场/线上）** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |