附件1： 参会回执

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称 | |  | | | | 邮编 | |  |
| 姓名 | 部门及职务 | | | 办公电话 | 手机 | | E-mail | |
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|  |  | | |  |  | |  | |
| 通讯地址 | | |  | | | | | |
| 住宿情况 | | | □包房 □合住 | | | | | |
| 学校税号 | | |  | | | | | |

（请填写回执后务必于11月17[日前发邮件到hzbxbm@163.com）](mailto:日前发邮件到hzbxbm@163.com）)