附件1:参会回执表

**参** **会** **回** **执** **表**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | | | | | 行业类别 | |  | |
| 通讯地址 |  | | | | | | | 邮编 |  | | |
| 联 系 人 |  | | 部门 |  | 职务 |  | | 电话 |  | | |
| 手 机 |  | | | | E-mail |  | | | | | |
| 参会者姓名 | 性别 | 部门 | | | 职务 | | 手机 | | | | 备注 |
|  |  |  | | |  | |  | | | |  |
|  |  |  | | |  | |  | | | |  |
|  |  |  | | |  | |  | | | |  |
| 参会诉求? | | | | | | | 单位印章  2023年 月 日 | | | | |
| 参加本次会议您想解决哪些问题? | | | | | | | | | | | |

注：