附件1：

**与会代表回执单**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | | | | | | |
| 通讯地址 |  | | | | | | 邮编 |  | |
| 联系人 |  | | 电话/手机 | |  | | | | |
| 部门及职务 |  | | | | 邮箱 |  | | | |
| 参会人员姓名 | 性别 | 部门及职务 | | 手机 | | | | | 是否包房 |
|  |  |  | |  | | | | |  |
|  |  |  | |  | | | | |  |
|  |  |  | |  | | | | |  |

请务于2016年9月23日前反馈。传真或发邮件均可。