附件1

报名回执表

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| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 单位名称 |  | | | | | | | 行业类别 |  | | | 详细地址 |  | | | | | | | 邮 编 |  | | | 审 批 人 |  | | 职务 | |  | | 电话 | |  | | | 联 系 人 |  | |  | | | E-mail | |  | | | | 电话（区号） |  | | | | | 传 真 | |  | | | | 参会代表姓名 | 性别 | 部门 | | 职务 | | 电话 | | 手机 | | 备注 | |  |  |  | |  | |  | |  | |  | |  |  |  | |  | |  | |  | |  | |  |  |  | |  | |  | |  | |  | |  |  |  | |  | |  | |  | |  | |  |  |  | |  | |  | |  | |  | |  |  |  | |  | |  | |  | |  | |  |  |  | |  | |  | |  | |  | |  |  |  | |  | |  | |  | |  | | 参会地点 | □厦门市 □成都市 | | | | | | | | | | | 是否安排住宿 | □是（标间数量\_\_\_ 单间\_\_\_合住\_\_ ） □否 | | | | | | | | | | | 单 位 盖 章  2021年 月 日 | | | | | | | | | | | | **报名联系人：齐小力 18610729288**  **报名电话：010-60326788**  **传 真：010-60326788**  **E-mail：zjqhqixiaoli@163.com** | | | | | | | | | | | |

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| 单位名称 |  | | | | | | | 行业类别 |  | |
| 详细地址 |  | | | | | | | 邮 编 |  | |
| 审 批 人 |  | | 职务 | |  | | 电话 | |  | |
| 联 系 人 |  | |  | | | E-mail | |  | | |
| 电话（区号） |  | | | | | 传 真 | |  | | |
| 参会代表姓名 | 性别 | 部门 | | 职务 | | 电话 | | 手机 | | 备注 |
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| 是否安排住宿 | □是（标间数量\_\_\_ 单间\_\_\_合住\_\_ ） □否 | | | | | | | | | |
| 单 位 盖 章  年 月 日 | | | | | | | | | | |
| **报名联系人：齐小力 18610729288**  **报名电话：010-60326788**  **传 真：010-60326788**  **E-mail：zjqhqixiaoli@163.com** | | | | | | | | | | |

注：请认真逐项填写此表；此表复印有效。