附件1

报名回执表

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| --- | --- | --- | --- | --- |
| **报名单位及参会时间信息** | | | | |
| 项目名称 | 高校创新创业教育与项目指导能力提升高级研修班  暨国家级创赛成果分享交流会 | | | |
| 单位名称 |  | 单位  联系人 | 姓名 |  |
| 发票税号 |  | 电话 |  |
| 发票金额 |  | 微信 |  |
| 开票备注 |  | 邮箱 |  |
| **参会人员信息** | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **院系** | **职务/职称** | **手机号码** | **邮箱** | **备注**  **(单住/合住)** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |

注：请将此表填好于3月30日18：00前发送至指定邮箱，电子信箱：1456834671@qq.com