附件2

报名回执表

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| 单位名称 |  | | | | | 单位地址 | |  | | |
| 报名联系人 |  | | 手机号 | |  | | | 邮箱 |  | |
| 姓名 | 性别 | 院系 | | 职务 | | | 手机号码 | | | 邮箱 |
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| 参会时间 | 时间：\_\_\_\_月\_\_\_\_日，地点：\_\_\_\_\_\_\_会议主题：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| 住宿信息 | 是否住宿：是\_\_\_\_否\_\_\_\_ 房间数：\_\_\_\_标间（双床）； \_\_\_\_单间（大床） | | | | | | | | | |
| 发票内容 | 发票单位全称：  纳税人识别号：  （默认开票信息是两项，需要完整信息请补充完整） | | | | | | | | | |
| 备注：参会人员手机号、邮箱与发票信息必填，用于开票和接收发票。 | | | | | | | | | | |

注：请将此表填好于11月11日18:00前发送至邮箱18510489033@163.com