附件二

**参会回执**

单位名称:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 姓名 | 职务/职称 | 电话及传真 | 手机号码 | 电子邮件 |
|  |  |  |  |  |