附件2:

**参会回执**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 单位名称（注：请填写单位标准全称） |  | | | | |
| 姓名 | 性别 | 年龄 | 职务 | 职称 | 电话 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |