附件1

参会回执

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 政治面貌 | 工作单位 | 职称/职务 | 联系电话 | 电子邮箱 | 住宿要求 |
|  |  |  |  |  |  |  |  | 默认标准间拼住，如需单间请注明 |
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开票信息

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| --- | --- | --- | --- | --- | --- |
| 缴费人员姓名 | 发票抬头 | 纳税人识别号 | 联系电话 | 电子发票转接邮箱 | 备注 |
|  |  |  |  |  |  |
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