附件1： **参会代表报名回执**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称 | |  | | | | | | | |
| 姓名 | 部门及职务 | | | 办公电话 | | 手机 | | E-mail | |
|  |  | | |  | |  | |  | |
|  |  | | |  | |  | |  | |
|  |  | | |  | |  | |  | |
|  |  | | |  | |  | |  | |
|  |  | | |  | |  | |  | |
| 通讯地址 | | |  | | | | | | |
| 参会住房要求 | | | □包房 □合住 | | | | 邮编 | |  |
| 是否需接站 | | | | | * 是 □否 | | | | |

请填写回执后务必于11月29日前发邮件到hzbxbm@163.com。