附件2

参会回执

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 性别 |  | 工作单位 |  | |
| 职务职称 |  | | | | 手机号码 |  |
| E-mail |  | | | | 邮政编码 |  |
| 通讯地址 |  | | | | | |

备注：请务必于9月5日前发至邮箱：2869102329@qq.com。