附件

**参会回执**

**单位名称**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **姓名** | **职务** | **手机** | **办公电话** | **email** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**请于1月14日前填写此回执并报送**chenya1@szmqs.gov.cn