**会议回执**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | 性 别 |  | | 民 族 | | |  |
| 工作单位 |  | | | | | | | | |
| 职 务 |  | 职 称 | |  | | | 邮编 |  | |
| 通信地址 |  | | | | | | | | |
| 联系电话 |  | | | E-mail |  | | | | |
| 拟报告题目 |  | | | | | | | | |
| 是否提交摘要或论文 | □是 □否 | | | | | | | | |
| 开票信息 | 发票抬头: 纳税人识别号： | | | | | | | | |
| 住宿要求 | 单间 □　 标间□ | | | | | | | | |
| 备注 |  | | | | | | | | |