附件

**报 名 回 执**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | | | | | |
| 单位地址 |  | | | | | 邮编 | |  |
| 姓 名 | 性别 | 民族 | 职务 | 职称 | 联系电话 | | 电子邮箱 | |
|  |  |  |  |  |  | |  | |
| 备 注 | 是否住宿：□是 □否 | | | | | | | |