**参会回执**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** |  | **职务／职称** |  |
| **工作单位** |  | | | **微信号** |  |
| **通讯地址** |  | | | **邮政编码** |  |
| **联系电话** |  | | | **E-mail** |  |
| **到达日期** |  | | | **返程日期** |  |
| **14日用餐** | **中午 晚上（请选择划√）** | | | **15日用餐** | **中午 晚上（请选择划√）** |
| **住宿要求** | **单住 合住（请选择划√）** | | | | |
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