附件1

参 会 回 执

单位名称：

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | 性别 | 职务 | 电子邮箱 | 联系电话 | 报到时间 | 离会时间 | 是否住宿 | 备 注 |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |