附件 1

**参会代表回执**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 单位 |  | | | | |
| 姓名 | 性别 | 职务/职称 | 手机 | 住宿 | 考察 |
|  |  |  |  | 11日□  12日□ | 是□  否□ |
|  |  |  |  | 11日□  12日□ | 是□  否□ |
| 住宿费：380元/间，含单早 | | | | | |