**报名回执表**

经研究，我单位选派下列同志参加学习： （加盖单位公章）

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | | 邮 编 | |  | |
| 通讯地址 |  | | | | | | | |
| 联 系 人 |  | | | E-mail |  | | | |
| 电 话 |  | | | 传 真 |  | | | |
| 参会代表 | | 职务/部门 | 手机/电话 | | E-mail | 房间 | | |
| 合住 | | 单间 |
|  | |  |  | |  |  | |  |
|  | |  |  | |  |  | |  |
|  | |  |  | |  |  | |  |
|  | |  |  | |  |  | |  |
|  | |  |  | |  |  | |  |
|  | |  |  | |  |  | |  |
|  | |  |  | |  |  | |  |
|  | |  |  | |  |  | |  |
|  | |  |  | |  |  | |  |
|  | |  |  | |  |  | |  |
|  | |  |  | |  |  | |  |
|  | |  |  | |  |  | |  |