**参 会 回 执 表**

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| --- | --- | --- | --- | --- | --- |
| **单位名称** |  | | | | |
| **地址及邮编** |  | | | | |
| **联系人** |  | | **所在部门** |  | |
| **电 话** |  | | **传 真** |  | |
| **手 机** |  | |  |  | |
| **电子邮箱** |  | | | | |
| **参会人员信息** | | | | | |
| **姓名** | **职务** | **电话** | **手机** | | **电子邮箱** |
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