附件：会议回执

|  |  |
| --- | --- |
| 单位名称 |  |
| 姓名 | 从事专业 | 职务/职称 | 联系电话 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |