附件一：

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **单位** | **职称/职务** | **是否需要安排住宿** | **住宿要求：****单人房或双人房，住宿时间** | **邮箱** | **联系电话** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |

**参会回执**

**注：参会回执请于2023年11月30日前发送到电子邮箱：gxzyjclab@163.com**