附件1

学术会议参会回执

**单位、部门名称：**

**联络人及联系电话：**

|  |  |  |
| --- | --- | --- |
| **序号** | **参会人员姓名** | **联系电话** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |
| 11 |  |  |
| 12 |  |  |
| 13 |  |  |
| 14 |  |  |
| 15 |  |  |
| …… |  |  |

注：参会回执电子版请发送至科技处办公室电子邮箱：gxtcmukjc@163.com