**会议回执**

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| **姓名** |  | **性别** |  | **民族** | |  | | **职务/职称** |  |
| **工作单位** |  | | | **联系电话** | |  | | | |
| **通讯地址** |  | | | **电子邮箱** | |  | | | |
| **住宿要求** | **□单人间（680元/天）□标准间（680元/天）**  **是否愿意拼房合住：□是□否**  **（特定合住代表姓名           ）** | | | | | | | | |
| **拟定到会时间** |  | | | | 拟定离会时间 | |  | | |