附件2：

各相关单位参会人员报名回执

**联系人及电话：**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **单位名称** | **姓名** | **职务** | **联系方式** | **是否需要统一安排住宿** | **住宿时间** | **备注** |
|  |  |  |  |  | 标间（是、否） | （）号入住 （）号退房 |  |
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