附件：会议回执

|  |  |  |  |
| --- | --- | --- | --- |
| **单位名称** |  | | |
| **参会人员姓名** | **性别** | **职务** | **手机** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

备注：会议回执电子版请于10月10日前发送到指定邮箱：liting@cada.cn