附件二：参会回执

** 10月26日（星期三）下午14:00-17:00 会前工作坊**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **单位** | **职务** | **联系电话** | **邮箱** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

**10月27日（星期四）上午8:30-12:00 大会报告**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **单位** | **职务** | **联系电话** | **邮箱** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
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| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |