**附件：**

**参加通联会人员回执表（请填写完整）**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | | |
| 通讯地址 |  | | | | |
| 联系人 |  | | 电话 | |  |
| 企业开票信息 | | | | | |
| 名 称 |  | | | | |
| 纳税人识别号 |  | | | | |
| 地址：电话 |  | | | | |
| 开户行及账号 |  | | | | |
| 姓 名 | | 职 务 | | 手机号 | |
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|  | |  | |  | |

备注：所需房间（ ）单人间（ ）双人间（ ）