附件1：

报名回执表

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | 性别 | |  | | 年龄 | |  |
| 工作单位 |  | | | | | 是否学会理事 | | |  |
| 职务职称 |  | 电话 | |  | | 手机 | |  | |
| 邮编地址 |  | | | | | 邮箱 | |  | |

此回执填好后请发送至邮箱：sxgjxh@163.com；联系人：郑立；联系电话：029-88308865，13519137061