附件1：

**参会回执**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | | 联系人 |  |
| 联系方式 |  | | 职务 | | |  |
| 参会人员 | 职务 | 手机 | | 其他需求 | | |
|  |  |  | |  | | |

参会报名表请发至：ccas\_hotpot@163.com