**报名及联系方式**

会议回执：

填写并提交回执，并告知是否需要住宿。
邮箱：513855710@qq.com

联系人：林美淇 13760203933

报名回执

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **单位** | **联系电话** | **是否住宿****及住宿时间** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |