附件2：

报名回执

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 单位 |  | | | | | |
| 姓名 | 职务 | 性别 | 电话 | 手机 | 传真 | 邮箱 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 备注： | | | | | | |

请将报名回执发送至邮箱：xmlad@ccpit.org或传真至0592-2230111