附件：

校园快递会议报名回执

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| --- | --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | | | |
| 通讯地址 |  | | | | 邮 编 |  |
| 姓 名 | 性别 | 部门及职务 | 电话/手机 | | 传 真 | E-mail |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

**注：**请各单位于报名截止日之前将报名回执发送至电子邮箱：yxhqxxw@126.com或传真：010-82501039