附件1

**全区高新技术企业工作暨培训会议参会回执单**

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| --- | --- | --- | --- | --- | --- |
| **单位名称** |  | | | | |
| **地 址** |  | | | **邮编** |  |
| **联系电话** |  | **传真** |  | | |
| **参会人员情况** | **姓名** | **性别** | **职务** | **手 机** | |
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|  |  |  |  | |
|  |  |  |  | |
| **备 注** | （请注明是否住宿） | | | | |