**附件1 中南分网第三十七次学术信息交流会参会人员回执**

单位名称： 领导姓名： 手机: 2025年 月 日

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| 序号 | 姓 名 | 性别 | 单 位 | 职务/职称 | 手 机 | 住宿 | | 天数 | 备注 |
| 单间 | 标间 |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |

**注：请各省代表务必确认住宿房间数量及房型**（此表格可复印加页）