**附件2：参会回执**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | **性别** | **出 生**  **年月日** | **户籍所在地** | **工作单位/职务** | **本年度第几次出境** | **联系方式** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**注：请于10月20日前反馈参会回执**