附件1：会议回执

**报送单位： 联系人： 联系电话： 邮箱：**

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| **序号** | **办学点名称** | **姓名** | **性别** | **联系电话** | **住宿日期（晚）** | **专业（会计/英语）** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |