附件2

**参会报名回执表**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | | | |
| 详细地址 |  | | | | | |
| 联系人 |  | 职务 |  | | 职称 |  |
| 微信号 |  | 手机 |  | | Email |  |
| **参会人员名单** | | | | | | |
| 姓名 | 职务、职称 | | | 联系电话 | | |
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| **会议费用发票信息** | | | | | | |
| 单位名称 |  | | | | | |
| 单位税号 |  | | | | | |
| 单位地址 |  | | 单位电话 |  | | |
| 开户银行 |  | | 银行账号 |  | | |
| 开票金额 |  | | | | | |
| 开票类型 | □专票 □普票 | | | | | |
| 发票接收邮箱 |  | | | | | |
| \* 默认发送电子发票至接收邮箱，如需纸质发票，请填写下方发票邮寄地址。 | | | | | | |
| 邮寄地址 |  | | | | | |
| **备注** | | | | | | |
| 请于12月5日前将回执表发送至邮箱：leichengcheng@sutpc.com 联系人：雷程程。 | | | | | | |