**附件**

**参会回执表**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 职务/职称 | |  | | 部门 | |  | |
| 单位 |  | | | | | | | | |
| 通讯地址 |  | | | | | | 邮编 | |  |
| 电话 |  | | 邮箱 | |  | | | | |
| 手机 |  | | 微信 | |  | | | | |
| 备注 |  | | | | | | | | |
| 请参会代表于7月19日前将回执发至学会秘书处。  邮箱：huiyuanbu@csfcm.org | | | | | | | | | |