**附件1：**

**参会回执表**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **单位名称** | |  | | | | | | | | |
| **单位地址** | |  | | | | | | **单位邮编** | |  |
| **联系人** | |  | | **手机号码** | |  | | **微信号** | |  |
| **电子邮箱** | |  | | | | | | | | |
| **参会人员** | | | | | | | | | | |
| **姓名** | **职务** | | **手机** | | | **电子邮件** | | **会议选择** | | |
|  |  | |  | | |  | | **□责任关怀会 □环保 □安全** | | |
|  |  | |  | | |  | | **□责任关怀会 □环保 □安全** | | |
|  |  | |  | | |  | | **□责任关怀会 □环保 □安全** | | |
|  |  | |  | | |  | | **□责任关怀会 □环保 □安全** | | |
| **住房登记（入住时间：2023年4月24日，合住按0.5房间计）** | | | | | | | | | | |
| **入住酒店** | | **房间类型** | | **单价（元/天/间）** | | | **预订房间数** | | **入住天数** | |
| **南通罗曼蒂克世纪酒店** | | **标准间** | | **340** | | |  | |  | |
| **单间** | | **340** | | |  | |  | |
| **增值税普通/专用发票（单独参加责任关怀会无需填写开票信息）** | | | | | | | | | | |
| **单位名称（必填）** | | | | |  | | | | | |
| **纳税人识别号（必填）** | | | | |  | | | | | |
| **地址、电话（专票必填）** | | | | |  | | | | | |
| **开户行、账号（专票必填）** | | | | |  | | | | | |