附件：

**助剂限量及评价方法团体标准启动会**

**报名回执表**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称 | |  | | | | | | |
| 单位地址 | |  | | | | | | |
| 联系人 | |  | | | 手机号码 | | |  |
| 电子邮箱 | |  | | | | | | |
| 参 会 　人　员 | | | | | | | | |
| 姓名 | 性别 | | 职务 | 单位电话 | 手机 | 微信号 | 电子邮件 | |
|  |  | |  |  |  |  |  | |
|  |  | |  |  |  |  |  | |
|  |  | |  |  |  |  |  | |
|  |  | |  |  |  |  |  | |
| 合计参加人数： | | | | | | | | |
| **本次会议采用线上会议形式。具体参与方式报名成功后详细发送。** | | | | | | | | |