附件一：

**第七届全国水工抗震防灾学术交流会**

**会议回执**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 单位 | 职称 | 职务 | 手机号 | Email | 住宿房间 | 是否参加技术考察 | 备注 |
| 单间 | 2人合住 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |

发票类型：🞏增值税普票 ； 🞏增值税专票。（勾选其一）

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 单位全称 | 纳税人识别号 | 单位地址 | 电话号码 | 开户银行 | 银行账号 |
|  |  |  |  |  |  |

负责统计和填写回执的人员信息：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓名： |  | 手机号： |  | Email： |  |

会议回执请2019年9月25日前发至：53523866@qq.com; 305265331@qq.com ; ouyangjh@163.com 。