**附件2**

**回执**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 单位名称 |  | | | |
| 通讯地址 |  | | | |
| 姓 名 | 性 别 | 民族 | 职务/职称 | 电话/手机 |
|  |  |  |  |  |
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|  |  |  |  |  |
| 备　注 |  | | | |