附件1

参与意向回执表

省级学会名称：

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **序号** | **参与单位名称** | **联系人** | **联系方式** | **备 注** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |