**附件：**

**参会回执**

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| --- | --- | --- | --- | --- |
| **单位名称** |  | | | |
| **通讯地址** |  | | | |
| **参会代表** | | | | |
| **姓名** | **性别** | **职务/职称** | **联系电话** | **电子邮箱** |
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注：请于2019年12月8日前填写参会回执发送至会议邮箱：KOLink@istic.ac.cn。