附件2

2024年度浙江省实验动物科技交流会参会回执

单位名称：

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | **性别** | **职称/职务** | **手机** | **住 宿（对应栏划“√”）** | | | | **E-mail** |
| **不住** | **单间** | **标间**  **单住** | **标间**  **拼住** |
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| 备注：开票信息（**务必填写**）  发票抬头: 税号: | | | | | | | | |

回执截止日期：2025年2月25日。