附件：

会议回执

**办学点名称：**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓名 | 性别 | 职称 | 联系电话 | 住宿要求 | 备注 |
|  |  |  |  |  |  |
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注：标间260元一晚，单间240元一晚，含早餐。请在回执的住宿要求中注明需要的房型和房间数量。