**附件2**

**2020高交会参会回执**

区县（市）/院所： 联系人： 联系电话：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **工作单位** | **职务或职称** | **联系方式** | **午餐****需要打√** | **请选填****展区对接人员/科技成果推介会参会人员/参展单位人员** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |