**附件：**

**报名表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | **性别** | | **单位** | | | **职务** | **电话** | **电子邮箱** |
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| **住房要求** | | | | **请选择（√）：**   1. **双床房（含早）500元/间/天 需要\_\_\_\_\_\_间** 2. **大床房（含早）500元/间/天 需要\_\_\_\_\_\_间** | | | | |
| **发票邮寄**  **地址** | | **姓名** | | |  | | | |
| **详细地址（快递邮寄）** | | |  | | | |
| **联系电话** | | |  | | | |
| **普票** | | **发票抬头（务必准确）** | | |  | | | |
| **发票内容** | | | **会务费** | | | |
| **单位税号** | | |  | | | |
| **1、会务组联系人：中国模板脚手架协会秘书处 电话：010-82227180传真：010-82228521**  **2、请将回执发邮件或传真至会务组处，此表可复印（为保回执收到，建议优先发Email）** | | | | | | | | |

**注：**1、为便于提前安排食宿，请将回执返至中国模板脚手架协会邮箱mo.b@163.com或协会传真010-82228521。

2、会议联络人