**附件5：会议回执**

省（市、自治区）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | 性别 | |  | | | 职务 | | | |  | |
| 手机 |  | | | | □是 □否携带轮椅 | | | | | | | | | □是□否有陪护人员 | |
| 陪护姓名 | | |  | | 性别 |  | | | 手机 | | |  | | | □是□否  合住 |
| □是 □否接站 | | | | 抵达时间 | | |  | | | | | | 车次航班 | |  |
| 备注 | |  | | | | | | | | | | | | | |
| 填表人 | |  | | | | | | 手机 | | |  | | | | |

注：如需接站，请注明详细正确信息，并保证手机畅通。