附表：

合肥物协4月份公益讲座参会回执表

单位名称（盖章）：

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **序号** | **姓名** | **职务** | **联系电话** | **备注** |
|  |  |  |  |  |
|  |  |  |  |  |