**《凯洛林国际会议暨京津冀高层论坛》参会回执**

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| **姓 名** |  | **性别** |  | **出生年月** |  | **职称**  **职务** |  |
| **工作单位** | |  | | | | | |
| **电 话** | |  | | | **手 机** |  | |
| **E-mail** | |  | | | **传 真** |  | |
| **提交论文题目** | |  | | | | | |
| **是否作学术报告** | |  | | | | | |
| **备注或建议** | |  | | | | | |

请于8月30日之前，将参会回执发至会议邮箱。