附件：

**第十届“泛珠三角合作与发展法治论坛”参会人员报名回执**

报名单位： 联系人（姓名、职务）： 联系电话：

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓 名 | 性别 | 民族 | 单位名称 | 职务职称 | 联系电话 | 到达时间、航班 | 离会时间、航班 | 是否接送 | 饮食禁忌 |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**备注：其他需要说明的要求或问题，请另附文。**