附件1：

参会人员回执表

工作单位：

联系人及联系电话：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序 号** | **姓 名** | **工作单位** | **职 务** | **联系电话** | **住宿要求（单人间、标准间、标间单住）** |
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注：1.本回执表请8月5日前发送至邮箱sdglxhzgh@163.com，联系电话：赵冠华18364207711。

2.请参会代表务必无空项填写，如不需住宿请填“无”。

附件2：

参与科技奖颁奖人员回执表

|  |  |  |  |  |  |  |  |  |  |  |
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| **序号** | **获奖项目名称** | **获奖代表姓名** | **性别** | **手机号码** | **工作单位、职务** | **获奖等级** | **住宿** | | | |
| **大床房** | **标准间 单住** | **标准间合住（注明合住人姓名）** | **不住宿** |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| ... |  |  |  |  |  |  |  |  |  |  |
| 注：1.本回执表请8月5日前发送至邮箱SDGLXH2015@163.com，联系电话：房立珠 15863797225。  2.请获奖代表务必于8月10日前上午8：20前到会议室参加**彩排**。 | | | | | | | | | | |

附件3：

参与质量管理小组、班组颁奖人员回执表

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **获奖项目名称** | **获奖代表姓名** | **性别** | **手机号码** | **工作单位、职务** | **获奖等级** | **住宿** | | | |
| **大床房** | **标准间 单住** | **标准间合住（注明合住人姓名）** | **不住宿** |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| ... |  |  |  |  |  |  |  |  |  |  |
| 注：1.本回执表请8月5日前前发送至邮箱475253635@qq.com，联系电话：戴霞：13156180539。  2.请获奖代表务必于8月10日前上午8：20前到会议室参加**彩排**。 | | | | | | | | | | |