附件：

会议回执

市、县开放大学名称：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓名 | 性别 | 职称 | 联系电话 | 是否住宿 | 备注 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |