**附件1：参会回执表**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 企业名称： | | | | |
| 报名参加人数: | **姓名** | **职务** | **手机** | **e-mail** |
|  |  |  |  |
| 是否是副会长本人：是□ 否□ | | | | |
| 是否参加晚宴：是□ 否□ | | | | |
| 是否需要提前安排车位：是□ 需要几个停车位：\_\_\_\_\_\_\_\_\_ 否□ | | | | |
| 对中物联医药物流分会的建议和需求（必填）：   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

（注：请各副会长单位依据自身情况提出建议和需求，并提前做好准备。）