回执

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 单位名称 |  | 性别 |  |
| 职务 |  | | 联系人 |  | 护照类型 |  |
| 护照号 |  | | 联系电话 |  | E-mail |  |
| 联系地址 | |  | | | | |
| \*如有特殊需求请注明 | |  | | | | |