## 附表 1

**产学研对接活动报名回执**

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| --- | --- | --- | --- |
| **单位名称** |  | | |
| **单位电话** |  | | |
| **联系邮箱** |  | | |
| **报名人员信息** | | | |
| **姓 名** | **职 务** | **身份证号码** | **联系电话** |
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|  |  |  |  |
| **报名单位盖章：**  **年 月 日** | | | |