**附：第十二届全国食品冷藏链大会报名回执**

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| **单位** |  | | **地址** |  | | | **邮编** |  |
| **发票信息** | **名称：**  **纳税人识别号：** | | | | | | | |
| **姓名** | **性 别** | **职称/职务** | **电话** | | **手机** | **E-mail** | | **住宿需求** |
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**请在住宿需求中注明是否入住、入住日期及房型要求（大床、双床）。如此栏空白，则视为不需要住宿。**

**请于2017年9月10日前填写回执并通过Email（coldchain@car.org.cn）返回会务组。**