**附：“海峡两岸第二十四届照明科技与营销研讨会” 回执**

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|  | **单位名称** | |  |  |  |  |  |  |  |  | **预定展位数** |  | 个 | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **单位地址** | |  |  |  |  |  |  |  |  | **联系电话** |  |  |  |  |
|  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
|  | **姓** | **名** |  |  | **职 务** |  | **手 机** | |  | **电子邮箱** | | **住宿要求** |  | **入住日期** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | **单住□** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | **合住□** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | **单住□** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | **合住□** |  |  |  |
|  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |
|  |  | **住宿日期：** | | | | **□9 日** | | **□10 日** | | **□11 日 （请划勾）** | | |  |  |  |
|  | **住宿** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **要求** | **住宿标准： 330** | | | |  | **元**/间/天（含早）住宿统一安排，费用自理。 | | | | |  |  |  |  |
|  |  | 地址：绍兴上虞天玥开元名都大酒店（浙江省绍兴上虞区峰山南路 518 号，近三环路） | | | | | | | | | | | | |  |
|  |  | 预订后请准时入住，若有变更，须提前告之会务组。 | | | | | | | | | |  |  |  |  |
|  |  |  | | |  | | |  |  |  |  |  |  |  |  |
|  | **参会** | **会议收会议费：1000 元/人** | | | | | |  |  |  |  |  |  |  |  |
|  | **费用** | 注：费用包括会务费、资料费及餐费。 | | | | | | | |  |  |  |  |  |  |
|  |  |  |  | |  | | |  |  |  |  |  |  |  |  |
|  | **汇款** | 户 | 名：中国照明学会 | | | | |  |  |  |  |  |  |  |  |
|  | 账 | 号：0200003409014401375 | | | | | | |  |  |  |  |  |  |
|  | **信息** |  |  |  |  |  |  |
|  | 开户行：中国工商银行北京市朝阳支行营业部 | | | | | | | |  |  |  |  |  |  |
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|  |  |  |  | □增值税普通发票 | | | | □ 增值税专用发票 | | | |  |  |  |  |
|  |  | 单位名称： | | | |  |  |  |  |  |  |  |  |  |  |
|  |  | 纳税人识别号： | | | |  |  |  |  |  |  |  |  |  |  |
|  | **开票** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **事宜** | 单位地址、电话： | | | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | 开户银行及账号： | | | |  |  |  |  |  |  |  |  |  |  |
|  |  | **收发票人地址、电话**： | | | | | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **发票** | 财务联系人：王海霞 | | | | | |  |  |  |  |  |  |  |  |
|  | **联系** |  |  |  |  |  |  |  |  |
|  | QQ 邮箱： | | | [925340365@qq.com](mailto:925340365@qq.com) | | | 联系电话：010-65836525、15201173391 | | | | |  |  |  |
|  | **事宜** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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