附件

与会人员回执

市州： 联系人： 联系电话：

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 姓名 | 所在律所 | 律所职务 | 联系电话 | 备注 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |