附件二：

2017’第11届中国抗菌产业发展大会

订房回执

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| 单位名称 | （发票抬头） | | | | | | | | | | | | | |
| （纳税人识别号） | | | | | | | | | | | | | |
| 通讯地址 |  | | | | | | | | | | | | 邮编 |  |
| 联系人信息 | | | | | | | | | | | | | | |
| 联系人 |  | | | 电 话 | |  | | | | 邮 箱 |  | | | |
| 住宿人员信息 | | | | | | | | | | | | | | |
| 姓 名 | 性 别 | | 手 机 | | | | | 邮 箱 | | | | | | |
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| 订房信息 | | | | | | | | | | | | | | |
| 是否需要住宿（请标红或打√） | [ ]是  [ ]否 | 住宿标准（请标红或打√） | | | [ ]高级大床房  400元/天  [ ]高级双床房  430元/天 | | | | 住宿要求（请标红或打√） | | | [ ]单人住  [ ]和本单位同事拼房 | | |
| 入住时间： 月 日 | | | | | | | 退房时间: 月 日 | | | | | | | |
| 备注：1、订房咨询：张仁华（翔鹭国际大酒店销售总监） 13860464857  2、订房回执请发送654192572@qq.com | | | | | | | | | | | | | | |