附件2

XX市经贸合作对接洽谈会报名回执

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **单位名称** | **参会人** | **职务** | **联系方式** | **拟对接**  **俄方单位** | **拟合作方向** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

填报人：

联系电话：