**2025年第六届长三角力学论坛**

**参 会 回 执**

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| **发票抬头** |  | | | | | | |
| **纳税人识别号** |  | | | | | | |
| **姓名** | **性别** | **职务/职称** | **是否**  **投稿** | **是否**  **宣讲** | | **手机号码** | **E-mail** |
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| **宣讲人姓名** | **报告题目** | | | | | | **是否参与 学生优秀论文评选 (宣讲并提交全文)** |
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| **住宿预定** | **大华虹桥假日酒店 （上海市闵行区星站路169号）** | | | | **如果合住，两人信息在一张回执表** | | |
| **单间数 标间数** | | | | 合住人姓名**：** | | |
| **入住日期** |  | | | | **退宿日期** | |  |
| **注册费支付 截屏**  **（如果现场缴费，请注明）** |  | | | | | | |
| **备注说明** |  | | | | | | |