附件3

报名信息统计表

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **单位** | **姓名** | **性别** | **纳税人识别号** | **金额** | **收票邮箱** | **联系方式** | **是否**  **会员** | **备注** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

市: 联系人： 联系电话：

注：1.学会会员审核以实际缴纳会员费为准。

2.单位名称为发票抬头，请务必填写完整准确。

3.请于4月19日17:00前将此表发送至学会邮箱：sxqjyzx@126.com。