附件：

**吉林省地理学会2021 年学术年会回执**

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| **姓名** |  | **性别** |  | **年龄** |  | | **民族** |  |
| **工作单位** | | | | | | | | |
| **职务** |  | **职称** |  | **是否会员** | | **是□**  **否□** | | |
| **通讯地址** |  | | | **邮编** | |  | | |
| **联系电话** |  | | | **电子邮箱** | |  | | |
| **是否需要安排住宿** | **是□**  **否□** | | | | | | | |
| **是否作报告** | **是□**  **否□** | | | | | | | |
| **报告题目** |  | | | | | | | |
| **备注** | **参会人员需填写参会报名回执，于2021年4月30日前通过电子邮件发送到会议邮箱：1227424516@qq.com。** | | | | | | | |