附件4

“浙江高校专家教授城西行”参会回执

单位：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **职务和职称** | **学科、专业** | **联系方式** | **电子邮箱** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
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| 8 |  |  |  |  |  |  |