**附件：**

**江苏省科普场馆协会二届九次常务理事会、二届五次理事会议回执**

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| --- | --- | --- | --- | --- | --- |
| **姓名** | **工作单位及职务** | **联系电话** | **是否出席** | **是否住宿**  **（单间/标间）** | **备注** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **健康状况是否符合疫情防控要求** | | **近七天内是否去过中高风险疫区** | | **有无发热、咳嗽、腹泻等情况** | |
|  | |  | |  | |