附件：

工伤预防参会回执

|  |  |  |  |
| --- | --- | --- | --- |
| 序号 | 姓名 | 单位 | 联系方式 |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |