附件2

报名回执
（若您无法通过微信或会员系统报名，请于9月27日前发送邮件至pxbm@iamac.org.cn，请抓紧报名，额满为止）

**一、参会人员信息**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **单位名称**  | **代表姓名** | **部门** | **职务** | **手机** | **邮箱** | **联系人** | **手机** | **邮箱** | **协会税延养老系统注册号** |
| 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 |  |
| 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 |  |

**二、发票信息**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **发票抬头** | **纳税人识别号** | **公司地址** | **公司电话** | **开户支行** | **银行账号** |
| 　 | 　 | 　 | 　 | 　 | 　 |

**三、收件信息（接收发票）**

|  |  |  |
| --- | --- | --- |
| **收件人姓名** | **邮寄地址** | **手机号** |
| 　 | 　 | 　 |