附件

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| **“互联网之光”博览会团体参观人员信息汇总表** |
|
| **单位名称： 联系人： 联系方式：**  |
|
| **观展时间：会展第一天** |
| **序号** | **姓名** | **身份证号** | **单位** | **职务** | **联系方式** | **备注** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 备注： |
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