附件2

涉外知识产权高端服务推介会参会回执

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **单位名称** | **姓名**  | **职务** | **联系****电话** | **联系****邮箱** | **是否需要协会提供门票** |
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|  |  |  |  |  |

**注：请于5月26日17:00前将参会回执以word形式发送至邮箱ip-mb@capitalip.org。**