附件1

首批STEM教育试点单位年度评估会回执

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 性别 |  | 联系电话 | |  |
| 单位 |  | | | | 职务/职称 | |  |
| 食宿安排 | | 住宿房型（必选其一） | | | 11日中餐 | □是 □否 | |
| □标间1人住 | | | 11日晚餐 | □是 □否 | |
| □标间 | | | 12日中餐 | □是 □否 | |
| 备 注 | |  | | | | | |