乘坐交通工具情况反馈表

单位（省、区、市）：

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| 姓 名 | 是否接站 | 接站日期 | 飞机 | | | 火车 | | | | 随 员 | 联系电话 |
| 航班号 | 起飞时间 | 降落时间 | 车 次 | 车厢号 | 发车时间 | 抵达时间 |
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| 姓 名 | 是否送站 | 送站日期 | 飞 机 | | 火 车 | | | 随 员 | 联系电话 |
| 航班号 | 起飞时间 | 车 次 | 车厢号 | 发车时间 |
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联系人： 电话： 盖章处：

（单位）

注：1.此表可复印，请逐项填写；如不需接站或送站，请在“是否接站”或

“是否送站”栏内分别注明“否”。

2.为做好接送站工作，请将此表于**11月22日（星期四）**前反馈至会议总务组。

3.请在“盖章处”加盖印章。

联系电话：010-66191251 传真：010-66191250