**2019年第三届四川省大学生化学实验竞赛参赛回执**

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| 参赛单位 | | （参赛单位盖章） | | | | | | |
| 带队老师信息（**第一名老师默认为领队和联系人，一般不超过3名**） | | | | | | | | |
| 姓名 | | 性别 | | 职称/职务 | 邮箱 | | | 手机 |
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|  | |  | |  |  | | |  |
| 参赛学生信息（**不超过3组**） | | | | | | | | |
| 组别 | 序号 | 姓名 | 专业年级 | | | 性别 | | 联系电话 |
| 一 | 1 |  |  | | |  | |  |
| 2 |  |  | | |  | |  |
| 3 |  |  | | |  | |  |
| 4 |  |  | | |  | |  |
| 5 |  |  | | |  | |  |
| 二 | 1 |  |  | | |  | |  |
| 2 |  |  | | |  | |  |
| 3 |  |  | | |  | |  |
| 4 |  |  | | |  | |  |
| 5 |  |  | | |  | |  |
| 三 | 1 |  |  | | |  | |  |
| 2 |  |  | | |  | |  |
| 3 |  |  | | |  | |  |
| 4 |  |  | | |  | |  |
| 5 |  |  | | |  | |  |
| 住宿预定 | | 标间数 |  | | | | 单间数 |  |
| 备注 | | **除非特别说明，住宿预订时间为10月25、26日；住宿统一安排, 费用自理。** | | | | | | |

**请9月26日前将该表WORD版和带鲜章的PDF扫描版发送至27200757@qq.com。**