**山西省医学院校2021届毕业生就业双选会参会回执单**

填表日期： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称（发票名头） | | | |  | | | | 联系人 | |  |
| 纳税人识别号 | | | |  | | | | | | |
| 联系电话 |  | | | | 传真 | |  | 网 址 | |  |
| 地 址 |  | | | | | | 电子邮箱 |  | | |
| 单位简介 | | | | | | | | | | |
|  | | | | | | | | | | |
| 职位需求情况 | | | | | | | | | | |
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| 注明要参加场次 | |  | | | | | | | | |
| 参会人员名单 | | | | | | | | | | |
| 姓 名 | 性别 | | 职务 | | | 手 机 | | | 特 殊 要 求 | |
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请详细填写以上回执单，并把填写好的回执单和单位资质一起发到会务组的邮箱：job@591yz.com