**附件：**

**第21届中国美容博览会（上海CBE）专业观众团体预登记表**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **\*姓名** | **\*部门及职务** | **\*公司名称** | **\*公司地址** | **\*手机** | **\*E-mail** | **邮编** | **公司电话** | **传真** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**注：·请务必填写联系人完整的收件地址及每位参会者的各项信息。**

**·以上信息标注“\*”为必填项，请务必填写完整，谢谢配合！**

**·于4月25日（周一）前将预登记表发给本会邮箱：szdcaok@163.com**