附件2：

**四川省达州中医学校2018届毕业生双选会参会回执表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **单位全称** |  | | | | | | | | |
| **组织机构代码或营业执照注册号** | | | | | |  | | | |
| **单位详细地址** | | |  | | | | | | |
| **联系人** |  | | | **联系电话** | | | |  | |
| **电子邮箱** |  | | | | **参会人数** | | |  | |
| **本次招聘信息** | | | | | | | | | |
| **招聘岗位名称** | | **需求专业或岗位要求** | | | | | **招聘人数** | | **待遇及其他** |
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**提示：**

**请于5月1日前将此《参会回执表》word版通过电子邮件发送至**[**rc120@vip.163.com**](mailto:rc120@vip.163.com)**（邮件标题请注明“双选会”，请将公司营业执照电子版一并发送），以便学校安排展位和进行宣传。**