**参会单位回执表**

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| --- | --- | --- | --- | --- | --- | --- |
| 单位名称（盖章） | |  | | | | |
| 是否招聘参加毕业生 | | 是/否 | | | | |
| 联系人 | |  | | | 职 务 |  |
| 联系电话 | |  | | | 传 真 |  |
| E-Mail | |  | | | 邮政编码 |  |
| 通讯地址 | |  | | | | |
| 单位简介 |  | | | | | |
| 需求情况 | 岗位 | 人数 | 性别 | 学历 | 专业 | 薪资待遇 |
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