附件2

**江苏省终身教育研究会会费缴纳回执单**

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| --- | --- | --- | --- | --- | --- | --- |
| **汇款单位** | **汇款日期** | **汇款金额** | **开票抬头** | **发票收件人****姓名** | **发票收件人****手机号** | **发票收件人****地址（含邮编）** |
|  |  |  |  |  |  |  |

注：请将此回执单发邮件至：jsszsjyyjh2016@163.com；查询电话：025―86265541