**参加双选会回执**

单位名称： 联系人： 联系电话：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **姓名** | **单位与职务** | **手机（qq和邮箱）** | **单位地址** | **是否需要预定住宿（费用自理）** | **参会人数** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**用人单位岗位需求回执**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **部门** | **需求岗位** | **需求人数** | **工资薪酬** | **岗位条件** |
|  |  |  |  |  |
|  |  |  |  |  |
| 合计 |  |  |  |  |