附件：

参会回执

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| --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | | |
| 通讯地址 |  | | | | |
| 联系人 |  | | 联系方式 |  | |
| 参会代表 | | | | | |
| 代表姓名 | 性别 | 部门 | 职务 | 手机 | 邮箱 |
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