附件

《参会回执》

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| 参会单位 |  | | | | | |
| 通讯地址 |  | | | | | |
| 联系人 |  | | 联系电话 | |  | |
| 参会人员姓名 | 性别 | 职务/职称 | | 手机 | | E-mail |
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此表加盖公章，并发至报名邮箱。