附件：

参会回执表

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| --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | 联系人 |  |
| 通信地址 |  | | | 邮 编 |  |
| 联系电话 |  | | 传真 |  | |
| 姓名 | 性别 | 所在单位职务 | | 电话 | |
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