**附件**

**参 会 回 执**

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| --- | --- | --- | --- | --- |
| 单位 |  | | | |
| 姓名 | 性别 | 部门/职务 | 联系电话 | 是否住宿 |
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注：请参会者将回执发送邮箱546191738@qq.com