参会回执表

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| --- | --- | --- | --- |
| 姓名 |  | 职称/职务 |  |
| 电话 |  | E-mail |  |
| 单位名称 |  | 单位地址 |  |
| 如贵单位有多人参加，请填写下表 | | | |
| 姓名 | 职称/职务 | 移动电话 | E-mail |
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