**附件：**

**参会人员回执表（请填写完整）**

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| --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | | |
| 通讯地址 |  | | | | |
| 联系人 |  | | 电话 | |  |
| 姓 名 | | 职 务 | | 手机号 | |
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备注：所需房间（ ）单人间（ ）双人间（ ）