附件

参会人员回执

填报单位（盖章）：

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 姓名 | 单位 | 职务 | 移动电话 | 是否住宿 |
|  |  |  |  |  |
|  |  |  |  |  |
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