附件

会议回执

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| 单位名称 | | 姓名 | | 性别 | | 职务 | 联系电话 | 是否住宿 | | | 备注 | |
| 21日 | 22日 | |  | | |
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注：1.请各参会人员务必注明是否住宿，以便于安排食宿。

2.回执于11月5日（周二）下午18:00前将参会人员名单发到邮箱275658718@qq.com，扫描下方二维码填写相关信息。

