附件2

**参会回执表（可复印）**

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| --- | --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | | | |
| 联 系 人 |  | | | 职 务 |  | |
| 联系电话 |  | | | 邮 箱 |  | |
| 联系地址 |  | | | | | |
| 参会代表姓名 | 性别 | 职务 | 手 机 | | | 邮 箱 |
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**填写表格后手机拍照、加会务联系人微信发送或发至邮箱2261954878@qq.com**