参会回执表

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| 单位名称 |  | | | |
| 通信地址 |  | | | |
| 联系人 |  | 手 机 |  | |
| 参会人员名单 | | | | |
| 姓名 | 性别 | 职务 | | 手 机 |
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| 备注 | 请将单位名称填写完整， 电子版并于9月6日前发送至hnjxlwgl@163.com邮箱，以便制作会员证书。 | | | |