**附件：**

**参会回执表**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | | | | |
| 联络人 |  | | 职务 |  | 手机 | |  |
| 邮箱 |  | | | | | | |
| 参会人员 | | | | | | | |
| 姓名 | 性别 | 职务/职称 | | | | 联系电话 | |
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注：请于1月23日前将此回执表反馈至邮箱jkjnxh@126.com，联系人：冯禹18673102276、何弯13549678295。