**会议回执**

参会单位： 联系人电话：

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| --- | --- | --- | --- | --- | --- | --- |
| 序号 | 参会人员 | 性别 | 职务 | 联系电话 | 是否住宿 | 是否晚餐 |
| 单住/合住 | 10月20日 |
| 1 |  |  |  |  |  |  |
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