附件：

**参会人员回执单**

单位：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓名 | 性别 | 职务 | 手机 | 7月3日是否晚餐 | 是否住宿 |
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填报人： 联系电话：