附件

参 会 回 执

综合单位:

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| 序号 | 姓 名 | 性别 | 工作单位 | 职务 | 联系电话 | 是否需要住宿 |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
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