**附件：**

**参会回执表**

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| 姓 名 | 性 别 | 单 位 | 职务/职称 | 联系电话 | 是否住宿 | 备注 |
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注：请将本回执表在 5 月 30 日前，以电子版形式发送至秘书处邮箱：2714952763@qq.com