**参会代表回执表（此表复制有效）**

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| **单位名称** | **（盖章）** | | | | | |
| **详细地址** |  | | | | **邮政编码** |  |
| **联 系 人** |  | | **电话** |  | **传 真** |  |
| **姓 名** | **性别** | **职务** | **电话（手机）** | | **E-mail** | **参加期次** |
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