附件

参会回执

单位：

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| --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | **性 别** | **民 族** | **工作单位** | **职 务** | **联系电话** | **备注** |
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注意事项:请于27日下班前报送至邮箱:hnnjjdtgz@163.com。