附件2

参 会 回 执

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| 单位全称 |  | | 联络员 |  |
| 联络员电话 |  | | 电子邮箱 |  |
| 参会人员姓名 | 性别 | 职务 | 联系电话 | 手机 |
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备注：请在3月20日12：00前将您参会回执发送至lyzbzjxh@126.com。