**报名回执单**

填写日期： 年 月 日

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| 单位名称 |  | | 统一社会信用代码（税号） | |  | |
| 联系人 |  | 联系电话 |  | 邮箱 | |  |
| 参会人员 | | | | | | |
| 姓 名 | 性别 | 部门/职务/职称 | | | 手 机 | |
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| 备 注 | 单间（ ）间 标间（ ）间 | | | | | |