附件3：

参会人员回执表

填写单位：

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| --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 职务 | 手机 | 住宿：单间或是标间 | 到会时间 | 返程时间 |
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注：请于2023年10月13日前将 WORD 版发送至邮箱： 1024963612@qq.com