附件3

**参会回执表**

**（复印有效）**

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| --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | | |
| 地 址 |  | | | | |
| 联 系 人 |  | 电话 |  | 手机 |  |
| 传 真 |  | | 邮箱 |  | |
| 参会人员 | | | | | |
| 姓名 | 部门 | 职务 | 手机 | 备注 | |
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注：交通、食宿自理。