附件

**参会回执**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 性别 |  | | 手机 | |  | |
| 工作单位  （部门） | |  | | | | | | | |
| 职务 | |  | | | 办公电话 | | |  | |
| 电子邮箱 | |  | | | | | 邮编 | |  |
| 通信地址 | |  | | | | | | | |

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（请以盟市为单位填写，并于9月16日前将电子档发送至 nmycc@163.com）