附件：

**参会回执**

**单位名称：**

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| --- | --- | --- | --- |
| **序号** | **姓名** | **职务** | **备注** |
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请于5月10日（星期五）12:00前，将参会回执发送到学校办公室电子邮箱：zdnfxybgs@163.com

填表人： 联系电话：