# 附件

# 参会回执

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| --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 单位名称 | 职务/职称 | 联系电话 |
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# 注：请于9月17日前将参会回执发送至邮箱njzjdk@163.com。