报名回执表

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| --- | --- | --- | --- |
| 姓名 | 单位 | 职务/职称 | 电话 |
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|  |  |  |  |
| 备注： | | | |

回执请发送邮箱: 417584518@qq.com

联系人:范永扬电话: 18828098480