附件：

**参会回执**

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| 单位名称 |  | | | |
| 本单位参会人员 | | | | |
| 姓名 | 性别 | 职务 | 职称 | 联系电话 |
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| 备 注 |  | | | |

注：请于12月4日前将本回执发送至电邮箱[cgla666@163.com](mailto:cgla666@163.com)。