附件

**参会人员回执表**

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| 姓 名 | 性别 | 单 位 | 职 务 | 联系电话 | 邮 箱 | 到会时间 | 住宿情况 |
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| 发票开具信息1.开票类型请选择：□普票 □专票2.单位开票信息（请填写至以下空白处） |