附件2

参会回执

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓名 | 单位名称 | 职务/职称 | 联系电话 | 邮箱 | 车牌号（如开车则填） |
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|  |  |  |  |  |  |