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| 拟参会人员报名回执 | | | | | | | | | |
| **填报单位： 联系人： 联系电话：** | | | | | | | | | |
| **序号** | **姓名** | **性别** | **单位** | **职务、职称** | **联系方式** | **来源地** | **是否用餐** | **线上/线下** | **是否需预留房间** |
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