参会回执单

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| **姓名** |  | **性别** |  |
| **职务** |  | | |
| **单位名称** |  | | |
| **联系电话** |  | **手机** |  |
| **电子邮件** |  | **传真** |  |
| **通讯地址** |  | | |
| **往返航班** |  | | |
| **是否住宿** |  | | |
| **备注** |  | | |