附件

参会回执

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| 参会单位 |  | | | |
| 主营业务 |  | | | |
| 参会人员姓名 | 性别 | 职务 | 护照号 | 联系电话 |
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| 联系人及方式  （电话、邮箱） |  | | | |
| 是否有其它需求 |  | | | |