**附件：报名回执**

**报名回执**

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| 单位名称 |  | | | | 邮 编 | |  |
| 单位地址 |  | | | | 联系人 | |  |
| 联系方式 |  | | | 邮箱 |  | | |
| 姓 名 | 性别 | 部门 | 职务 | 手机/电话 | | 电子邮箱 | |
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|  |  |  |  |  | |  | |
| 参加总人数： | | 人 | | | | | |

请于5月19日前将回执传至 秘书处邮箱gdgccly@vip.126.com