附件2 参会人员回执

单位（盖章）：

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| 姓 名 | 性别 | 职称/职务 | 工作单位 | 手机号 | 邮箱 | 入住时间  月 日 | 撤离时间  月 日 | 房型 | | |
| 标间单住 | 标间合住 | 单间 |
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填报人： 填报日期：