**现场参会回执表**

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| 所在单位 |  | | | | | |
| 通讯地址 |  | | | | 邮编 |  |
| 姓 名 | 职 务 | 性 别 | 手 机 | 邮 箱 | | 参加的课程 |
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| 备注（包括线下参会餐饮要求） |  | | | | | |

**请详细填写回执单，于3月8日前发送邮件至：szjsorg@126.com**