附件1：参会人员回执

参会人员回执

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| --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | 性别 | 年龄 | 职 称 | 工作单位及职务 | 有无  报告 | 住房  要求 |
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注：请将回执于7月20日前发往上述联系人地址和邮箱。