**参会回执**

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| **参会单位名称** |  | | | | | | | | |
| **联系方式** | **通讯地址** | | |  | | **邮政编码** | |  | |
| **联系人** | | |  | | **联系电话** | |  | |
| **传真** |  | | | **邮箱** |  | **参会人数** | |  |
| **参会人员信息** | **姓名** | | **性别** | | **职务** | | **联系方式** | | |
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| **发票抬头** |  | | | | | | | | |
| **税号** |  | | | | | | | | |
| **单位汇款账号及汇款单位全称** |  | | | | | | | | |
| **发票邮寄地址** |  | | | | | | | | |
| **是否帮助预订住宿** | □是 □否 | | | | | | | | |
| **备注** |  | | | | | | | | |