**附3: 参会回执；**

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| 单位  名称 | | 中文： | | | |
| 英文： | | | |
| 通讯地址 | |  | | | |
| 参会负责人 | |  | 电话: | | E-mail: |
| 部门 | |  | 职务: | | |
| 姓名 | 部门 | | 职务 | 联系电话 | 邮 箱 |
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