附件1

报名回执表

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| 单位名称 |  | 行业类别 |  |
| 详细地址 |  | 邮 编 |  |
| 审 批 人 |  | 职务 |  | 电话 |  |
| 联 系 人 |  |  | E-mail |  |
| 电话（区号） |  | 传 真 |  |
| 参会代表姓名 | 性别 | 部门 | 职务 | 电话 | 手机 | 备注 |
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| 参会地点 | □厦门市 □成都市  |
| 是否安排住宿 | □是（标间数量\_\_\_ 单间\_\_\_合住\_\_ ） □否 |
|    单 位 盖 章2021年 月 日 |
| **报名联系人：齐小力 18610729288****报名电话：010-60326788****传 真：010-60326788****E-mail：zjqhqixiaoli@163.com** |

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| 单位名称 |  | 行业类别 |  |
| 详细地址 |  | 邮 编 |  |
| 审 批 人 |  | 职务 |  | 电话 |  |
| 联 系 人 |  |  | E-mail |  |
| 电话（区号） |  | 传 真 |  |
| 参会代表姓名 | 性别 | 部门 | 职务 | 电话 | 手机 | 备注 |
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| 是否安排住宿 | □是（标间数量\_\_\_ 单间\_\_\_合住\_\_ ） □否 |
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注：请认真逐项填写此表；此表复印有效。