**附件1：**

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| **参会回执** | | | | | | |
| **企业名称：** | | | | | | |
| **姓名** | **性别** | **职务** | **联系电话**  **（手机）** | **电子邮箱** | **是否**  **单间** | **备注** |
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| **注：请务必将参会回执于5月20日前返回协会综合信息部。** | | | | | | |