附件2

**参 会 回 执**

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| **单位名称** |  | | | | |
| **单位学术**  **活动联系人** |  | **邮箱**  **地址** |  | **手机**  **号码** |  |
| **姓 名** | **职务** | **职称** | | **手机号码** | |
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**注：请于5月9日前发送回执到邮箱：2534879594@qq.com**