**附件2：**

**参会代表回执汇总表**

设区市：　　　　　　　　　　　　　　　　　　　　　　共　　　　人

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| 姓名 | 性别 | 单位名称 | 职务 | 职称 | 联系电话 | 17号晚  是否用餐 | | 住宿  要求 | |
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