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| **单位** |  | | | |
| **参会人员姓名** |  | | | |
| **联系电话** |  | | | |
| **是否参加理事单位晚上聚餐**  **（请打“√”）** | 是 |  | 否 |  |

**第五届理事会2019年第一次会议报名回执**

**（注：本回执不需要盖公章）**