附件：

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| 参会回执 | | | | | | |
| 序号 | 单位 | 姓名 | 职务 | 电话 | 是否会后  用餐 | 备注 |
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注：请各单位于2025年3月11日17:00前将参会回执发至协会邮箱cdgxqjx@163.com。