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| 附件1 |  | |  |  | |  |  | | |  | |  | |
| **参加会议人员名单回执** | | | | | | | | | | | | | |
| **培训考核站：** | |  | | | | | | | | | | | |
| **姓 名** | | **职 务** | | | **联系电话** | | | | **住宿** | | | | **15号午餐就餐人数** |
| **单人** | | **双人** | |
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| **联系人** | |  | | | **联系电话** | | |  | | | | | |
| **本次会议到场车辆数量：** | | | | | | | | | | | | | |
| **备 注** | 1、如需要预定房间，请在相应的类型上打“√”，房间一经预定均不可撤销。 | | | | | | | | | | | | |
| 2、本表要在3月7日前回传至协会。 | | | | | | | | | | | | |
| 3、住宿统一安排，住宿费自理。 | | | | | | | | | | | | |