附件2

参 会 回 执

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| **单位名称** |  | | | |
| **参会人员**  **姓名** | **部门** | **职务** | **手机** | **邮箱** |
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| **参会形式** | 小鹅通直播平台 | | | |
| **备注** |  | | | |