**附件2：**

**参会回执**

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| **姓名** | **性别** | **单位名称** | **职务/职称** | **联系方式** | **是否住宿** |
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注：

1. 请于10月26日（周四）前将《参会回执》发送学会邮箱sxsdzxh@163.com或发送传真029-88201761

2. 联系人：杜娟 029-88202908