附件：

 县（区）参会人员报名回执表

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| --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 职务 | 工作单位 | 联系电话 | 备注 |
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注：请于12月20日下午4:00前上报邮箱bzsdez@163.com。