附件：

参会回执

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| 单位名称 |  | | | 联系人 |  |
| 联系方式 |  | 邮箱 |  | 职务 |  |
| 参会人员 | 职务 | 联系方式（手机号） | | | |
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|  |  |  | | | |
| 参加本次大会急需要解决的两个问题 | 1．  2． | | | | |

参会报名表请发至：ccas\_hotpot@163.com