附件：

参会回执表

注：请于8月6日前发至组委会联系人微信报名，回传参会表。

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 省级协会 名称  /企业名称 |  | | 联系人 |  | 职务 |  |
| 手 机 |  | | 微信 |  | E-mail |  |
| 序号 | 参会人员 | 性别 | 企业名称  /职务 | 民族 | 手机/电话 | |
| 1领队 |  |  |  |  |  | |
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| 9 |  |  |  |  |  | |
| 10 |  |  |  |  |  | |
| **备注：** |  | | | | | |