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| 附件： | | |  |  |  |
| **四届五次暨五届一次会员代表大会会议回执** | | | | | |
| **序号** | **参会类别** | **姓名** | **单位** | **联系电话** | **是否用餐** |
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| 注：会议回执请于12月14日前传真或发电子邮件至协会秘书处，联系电话:82368619,传真:82356389,电子邮箱：jhsjsgczjglxh@163.com。 | | | | | |