附件

**会 议 回 执**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 单位名称 | 职务/职称 | 邮箱 | 联系电话 | 住宿要求（标间或单间） |
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**注册费发票开票信息**

|  |  |
| --- | --- |
| 单位名称 |  |
| 税 号 |  |
| 开票要求 |  |