参会意向表

**市/单位名称（加盖公章） 联系人： 职务：**

**办公电话： 手机： 邮箱：**

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| **序号** | **姓名** | **性别** | **工作单位** | **职务** | **手机** |
| 团长 |  |  |  |  |  |
| 秘书长 |  |  |  |  |  |
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