附件2

参会人员回执单

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 填报单位： 填报人及手机号： | | | | |
| 姓 名 | 性别 | 所在单位及职务 | 执业证号 | 手机号码 |
|  |  |  |  |  |
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