**附件：**

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| **参 会 回 执** | | | | | | | | | | | | |
|
| **序号** | **回执信息** | | | | | | **增值税发票信息** | | | | **住宿标准** | |
| **单位名称** | **姓名** | **性别** | **民族** | **职务/职称** | **联系电话** | **发票开具单位名称** | **纳税人识别号** | **地址、电话** | **开户行及账号** | **单间/标间/大床房** |
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| 备注：会务费：会员1800元/人、非会员2300元/人；住宿统一安排，费用自理。 | | | | | | | | | | | | |