附件3：

**参会回执**

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| **序号** | **姓 名** | **性别** | **单 位** | **职务** | **联系电话(手机）** | **到达时间** | **是否住宿** |
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注：1.参会人员请于5月24日前将本表格填写完整，发送到联系人电子邮箱：jlsjxygy@163.com

2.报到及会议地点：公主岭市第一中学（地址：公主岭市国文大街与岭西八路交叉路口往北约100米）