附件

报名信息统计表

市: 联系人（需参会）：

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| **序号** | **单位** | **姓名** | **性别** | **民族** | **联系方式** | **住宿要求**  **（单间/标间/**  **不住宿）** | **是否用餐** | | |
| **24日午** | **24日晚** | **25日午** |
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注：请于4月10日12:00前，以市为单位将此表发送至学会秘书处邮箱：[sdxqjyzx@163.com。](mailto:sxqjyzx@126.com。)