**参会回执**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 分支机构名称 | | | |  | | | | | | | | |
| 姓名 |  | | | 性别 | |  | | 手机 | | |  | |
| 单位及职务 | |  | | | | | 会内职务 | | |  | | |
| 住房类型及数量 | | | 单人间 | |  | | | | 双人间 | | |  |
|  | | | | | | | | | | | | |
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请于5月22日前将参会回执发至bgs@cracm.org