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| 附件2:**会议回执（7.3）**单位名称：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 姓名 | 性别 | 职务 | 联系电话 | 是否用餐（7.3）  | 住宿 | 备注 |
| 中餐 | 晚餐 | 入住时间 | 入住天数 |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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注：1.回执请于6月18日前反馈至浙江省民办教育协会秘书处；2.如有驾驶员随行请注明，住宿自理；3.联系方式：王海琴、张明怡；0571-88008132；4.电子邮箱：zjmbjy@163.com。  |