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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 | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |   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。 |