**参会回执**

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| 单位名称 | |  | | | | |
| 详细地址 | |  | | | | |
| 发票抬头 | |  | | | | |
| 纳税人识别号 | |  | | | | |
| 参会代表姓名 | 性别 | 职务或职称 | 研究领域 | 手机 | 传真 | E-mail |
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|  |  |  |  |  |  |  |
| 是否参观实验室 | | □是 □否  注：请将您所选的方框涂黑。 | | | | |