**附件1：**

**回 执**

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| 单位信息 | 单位（公章） |  | | | | | | |
| 单位地址 |  | | | | 固定电话 |  | |
| 参会人员 | 姓 名 | 性 别 | 部门及职务 | | 联系方式 | | 是否住宿 | 是否接站 |
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|  |  |  | |  | |  |  |
| 需求信息 | 专 业 | | 人 数 | 岗位及要求 | | | | |
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| 备注： | | | | | | | | |