**附件2**

**参加项目验收会议的人员名单回执**

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| --- | --- | --- | --- | --- | --- |
| **姓 名** | **职务/职称** | **工作单位** | **手机号码** | **报到时间** | **是否住宿（单、双间）** |
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注：电子版于10月9日前发送到学会邮箱gdscxh2015@163.com。