附件：

省侨联十届二次全委会议参会回执

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| **姓 名** | **性别** | **工作单位及职务** | **手 机** | **是否**  **住宿** | **是否带驾驶员**  （如带，是否住宿） | **备 注** |
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填报单位： 填报人： 联系电话：

**注：**各单位传真报送此回执单的同时，请发一份电子稿到zqlbgs@126.com,传真：0571—85151007