附件

**新一代智能制造系统技术研讨会参会回执**

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| 参会人员 | | | | | | | |
| 姓名 | 性别 | 职务/职称 | | 办公电话 | | 手机 | 电子邮箱 |
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| 住宿：请将相应选项前面的方框替换为☑ | | | | | | | |
| □不需要安排住宿 | | | | | | | |
| □安排住宿 | | | | | | | |
| 单间 | | | 标间（合住） | | 入驻日期——离店日期 | | |
|  | | |  | | 11月 日至11月 日 | | |
| 备注： | | | | | | | |

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