**大会回执单**

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| **姓名** |  | **联系电话** | |  |
| **性别** |  | **电子邮箱** | |  |
| **工作单位** |  | | | |
| **是否有意愿参与校友理事会事务** | | |  | |
| **是否有意愿参加大会** | | |  | |
| **备注：填写完回执单请您发送到邮箱：** | | | | |