反 馈 单

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| 单位名称 |  | | | | |
| 单位地址 |  | | | 会员证书编号 |  |
| 姓 名 | 性别 | 职务 | 电话 | 手机 | E-mail |
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| 费 用 | 活动不收取会务费。食宿费用自理。 | | | | |