**附件：参会回执**

**参 会 回 执**

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| **单 位 名 称** | | | | |  | | | | |
| **序号** | **岗位名称** | | **所需专业** | | **数量** | **学历** | | **备注** | |
| **1** |  | |  | |  |  | |  | |
| **2** |  | |  | |  |  | |  | |
| **3** |  | |  | |  |  | |  | |
| **4** |  | |  | |  |  | |  | |
| **5** |  | |  | |  |  | |  | |
| **参会人员信息（以下信息仅作联系用，不对外公开）** | | | | | | | | | |
| **姓名** | | **性别** | | **联系电话** | | | **职务** | | **备注** |
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