**附件：参会回执**

**参 会 回 执**

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| 单位名称 | |  | | | | 组织机构代码 | | |  | | |
| 地 址 | |  | | | | 邮 编 | | |  | | |
| 联 系 人 | |  | | | | 电 话 | | |  | | |
| E—mail | |  | | | | 传 真 | | |  | | |
| 本次招聘信息 | | | | | | | | | | | |
| 序号 | 岗位名称 | | | 所需专业 | | 数量 | 学历 | | | 备注 | |
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| 8 |  | | |  | |  |  | | |  | |
| 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 | | | 是否乘车 |
|  | | |  | |  | | |  | | |  |
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