**回 执**

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| 姓名 |  | 性别 |  | 年龄 |  | 学历 |  | 职称 |  |
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| 单位 |  | 邮编 |  |
| 地址 |  | 电话 |  |
| E-mail |  | 是否住宿 | □是 □否 |
| 题目 |  | 建议： | 住房要求： |
| 推荐 |  |