**附件1**

**第九次生活垃圾焚烧处理技术与设备研讨会预报名回执表**

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| 单位名称 |  | | | | |
| 通讯地址 |  | | | 邮编 |  |
| 联系人 |  | | | 电话 |  |
| 邮箱 |  | | | 微信 |  |
| 参会者姓名 | 职务/职称 | 性别 | 移动电话 | 邮箱 | 微信 |
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