附件

广东省城镇供水行业第十九届

水质工作会议回执

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| 单位全称 |  | | | | | | | |
| 单位地址 |  | | | | | | | |
| 联 系 人 |  | | 手 机 |  | | 电子邮箱 | |  |
| **\*\*以下通讯信息请填写完整，以备制作会议通讯录\*\*** | | | | | | | | |
| 参会人员 | 性 别 | 职 务/职 称 | | | 办公电话 | | 手 机 | |
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| **备注：** |  | | | | | | | |
| 是否参加技术参观：□是 □否  **单位盖章**  **年 月 日** | | | | | | | | |