附件2

**山东省建筑安全与设备管理协会四届五次**

**理事会议参会人员报名回执表**

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| 填报单位名称 | | |  | | | | | | |
| 填报人 | | |  | | 联系电话 |  | | | |
| 参 会 人 员 信 息 | | | | | | | | | |
| 序号 | 姓名 | 职务 | | 单位名称 | | | 联系方式 | 是否  住宿 | 是否带  司机 |
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