附件：

**报名表（海南·海口）**

填报时间： 年 月 日 单位名称：（单位公章）

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| **姓名** | **性别** | **民族** | **单位及职务** | | **手机** | **报名类别（勾选对应选项）** | | | | | |
| **公益全免参会** | **公益免会务参会（是否需要会务组统一安排住宿）** | | **交参会费（元/人）** | | |
| **是** | **否** | **2900** | **3500** | **3950** |
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| **开票信息** | | | 名称 |  | | | 税号 |  | | | |

报名联系人： 联系电话： 电子邮箱：