**附件**

**2020年中部（武汉）机电行业**

**创新发展与仿真技术应用研讨会回执**

**填表日期：2020年** **月**  **日**

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| 参会单位 |  | | | | | | 传 真 | |  | |
| 电子邮件 | |  | |
| 单位地址 |  | | | | | | 邮政编码 | |  | |
| 参会  代表 | 姓名 | | 性别 | 职务/职称 | 手 机 | | | | | 固定电话 |
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| 备注 |  | | | | | | | | | |
| 会务组  联系方式 | 联系人 | 王裕超：13871560535  曹江平：18995611218 | | | | 办公电话 | | 027-88230275 | | |