**张树庭教授学术思想研讨会报名回执**

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| 单位名称 |  | | | | |
| 姓名 | 性别 | 职务/头衔 | 手机 | 邮箱 | 到达时间 |
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| 住宿标准 | （ ）单间 （ ）合住 | | | | |