附件

2024年夏季全国煤炭交易会参会回执表

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| **单位名称：** | | | | | | | |
| **联系人姓名** |  | | | | **职 务** |  | |
| **电 话** |  | | | | **移动电话** |  | |
| **传 真** |  | | | | **电子邮箱** |  | |
| **参会人员** | | | | | | | |
| **姓 名** | | **性 别** | **职 务** | **电 话** | | | **移动电话** |
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注：请参会单位认真填写回执表，并于2024年7月15日前回传。