附件1：

信阳市双重预防体系建设现场观摩推进会参会回执表

填报单位名称： 联系人： 电话：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓 名 | 性别 | 职 务/职称 | 单位名称 | 联系方式 | 备注 |
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