附件：

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| **监理企业信息化管理和智慧化服务现场交流会议回执** | | | | | | | | |
| 联系人： 联系电话： | | | | | | | | |
| 序号 | 姓名 | 企业（单位）名称 | 性别 | 职务 | 手机号 | 是否住宿 | | 备注 |
| 11月24日 | 11月25日 |
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| 2 |  |  |  |  |  |  |  |  |
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