附件三：会议回执

**2021年高等学校应用化学专业教学研讨会回执**

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| 学校 |  | | | | | | |
| 参会人员 | | | | | | | |
| 序号 | 姓名 | 职称/职务 | 手机 | 邮箱 | 住宿要求 | 备注\* |
| 1 |  |  |  |  | 单住/合住 |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
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\*请注明联系人