附件：

**再生资源企业转型及商业模式创新研讨会报名表**

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| 单位 |  | 联系人（领队） | | |  |
| 地址 |  | | 传真 |  | |
| 电话 |  | 邮箱 |  | | |
| 姓名 | 所在单位及职务 | | 手机 | | |
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备注：此表可复制