附件：

**中国新闻技术工作者联合会出版融媒体技术分会**

**第一次会员代表大会暨出版融合创新研讨会报名回执表**

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| **单位名称** |  | | | | **传真** |  | | |
| **详细地址** |  | | | | **邮编** |  | | |
| **姓名** | **性别** | **民族** | **职务/职称** | **手机/电话** | **电子信箱** | | **住宿要求**  **（请划√）** | |
| 二人一间 | 一人一间 |
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