附件1

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| 信息反馈回执 | | | | | | | | | |
| 市科协名称 |  | | | | | | | | |
| 拟举办展览地 点 |  | | | | | | | | |
| 拟举办展览时 间 |  | | | 展览面积 | |  | | | |
| 联 系 人 |  | 职务 | |  | | 联系电话 |  | | |
| 主办单位意见 | | | | 参展单位签章 | | | | | |
|  | | | | 负责人签字： | | | | | |
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| 填报时间： 年 月 日 | | | | | | | | | |
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