------------------------------------------------------------------------------

**参会回执：**

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| --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | | |
| 通信地址(邮编) |  | | | | |
| 联 系 人 |  | 职 务 | |  | |
| 单位电话 |  | 手 机 | |  | |
| 电子邮箱 |  | 参会人数 | |  | |
| **需 求 信 息** | | | | | |
| 需求专业（岗位） | 学历 | 需求人数 | 薪资待遇 | | 相关要求 |
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