**附件：**

广州市质量协会2024年会员活动报名回执

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| **联系人** |  | | | **联系方式** | |  |
| **电子邮箱** |  | | | **传真** | |  |
| **单位名称** |  | | | | | |
| **姓名** | **性别** | **职务** | **联系方式** | | **身份证号码** | |
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| 备注： |  | | | | | |