附件2：

**湖北省注册会计师协会第五次全省会员代表大会参会回执**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 单位名称 | 姓名 | 性别 | 职务 | 是否住宿 | 到达/返程时间 | 手机号码 |
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备：参会回执请填写完整。