附件

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| **“互联网之光”博览会团体参观人员信息汇总表** | | | | | | |
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| **单位名称： 联系人： 联系方式：** | | | | | | |
|
| **观展时间：会展第一天** | | | | | | |
| **序号** | **姓名** | **身份证号** | **单位** | **职务** | **联系方式** | **备注** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
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| 备注： | | | | | | |
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