附件：

# 陕西省高等教育学会第五届理事会第五次会议授权委托参会回执

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| **受委托人** | **性别** | **民族** | | **职务/职称** | | **工作单位** | **手机号码** | | **办公电话** |
|  |  |  | |  | |  |  | |  |
| **委托人** |  | | **单位** | |  | | **手机** |  | |
| **委托人签字** |  | | | | **委托人单位（公章）** | | | | |

说 明： 授权委托参会回执须签字盖章后扫描成PDF版本于12月30日之前发送至邮箱：sxgjxh@163.com

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