附件2：

第十届中国公益慈善项目交流展示会采访申请回执表

**填表单位（盖章）： 经办人： 联系电话：**

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| **序 号** | **记者姓名** | **新闻单位** | **联系电话****（手机）** | **记者类别****（文字、摄影、摄像）** | **电子邮件** | **身份证号** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
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