附件

长沙市律师事务所行政工作会议

参会人员回执表

|  |  |  |
| --- | --- | --- |
| **姓名** | **所在律所** | **联系电话** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |