附件2

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| 推荐名单汇总表 | | | | | | | | | |
| 市/律师事务所党组织： 填报人： 联系电话： | | | | | | | | | |
| 姓名 | 性别 | 民族 | 担任协会和社会职务情况 | 单位名称及职务 | 通讯地址 | 执业证号 | 身份证号 | 手机号码 | 电子邮箱 |
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