**附件2：**

**第二届中医药科技创新与特色医疗服务发展大会参会回执表**

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| 单位名称 |  | | | 区 号 |  |
| 通讯地址 |  | | | 邮政编码 |  |
| 姓名 | 性别 | 手机 | 固话 | 微信号 | 电子邮箱 |
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