附件1

**山东省健康促进与教育学会身心健康促进专业委员会**

**成立大会暨全省健康教育学科能力研讨会参会回执**

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| **姓名** | **单位** | **性别** | **职务/职称** | **联系方式** | **电子邮箱** | **9日晚****是（否）住宿** | **10日晚****是（否）住宿** | **备注** |
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