附件

**山东省健康促进与教育学会胸外科学疾病防治专业委员会成立大会暨胸外科学术研讨会参会回执**

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| **姓名** | **单位** | **性别** | **职务/职称** | **联系方式** | **电子邮箱** | **18日晚**  **是（否）住宿** | **备注** |
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