附件1

**山东省健康促进与教育学会艾滋病防治专业委员会**

**成立大会暨艾滋病健康教育研讨会参会回执**

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| **姓名** | **单位** | **性别** | **职务/职称** | **联系方式** | **电子邮箱** | **17日晚****是（否）住宿** | **备注** |
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