**附件1**

**山东省健康促进与教育学会消毒与病媒生物防制专业委员会成立大会暨消毒与病媒生物防制研讨会回执**

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| **姓名** | **性别** | **单位** | **职务/职称** | **联系方式** | **电子邮箱** | **14日晚是否住宿**  **（注明住宿需求：单间/标间）** | **备注** |
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