附件

第32届成都医博会参会回执表

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 工作单位 | 职务 | 职称 | 手机号码 | 是否统一乘车 |
| 1 |  |  |  |  |  |  |  |
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