附件

中医经典理论培训班回执

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| **序号** | **姓名** | **工作单位** | **性别** | **职务/职称** | **住宿** | **联系电话** |
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| 2 |  |  |  |  | 单标□双标□ |  |
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请于2017年 4月 5日前将回执发至云南省中医药学会邮箱ynszyyxh@qq.com.