**附件**

**参 会 回 执**

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| **姓 名** | **性 别** | **单 位** | **参会身份** | **职务/职称** | **联系电话** | **是否住宿** | **备 注** |
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**注：参会身份指;理事、区县中医药学会负责人、中医药专家代表、论文作者。**