附件1：

 **“海南省中医药学会仲景学说专业委员会年会暨学术研讨会”培训班回执表**

**填报单位（盖章）：**

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| **姓 名** | **性别** | **单 位** | **职务/职称** | **学历** | **是否住宿** | **联系电话** |
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**填报人： 联系电话：**  **邮箱：**