附件1：

**“海南省治未病专业高峰论坛”培训班学员回执表**

**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： 传真：**