**广东省中医药康养学会第二次会员大会**

**暨第四届中医康复护理特色疗法培训班会议**

**附：参会人员回执**

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| **单位名称** |  | | **传真** | |  | **E-mail** |  |
| **通讯地址** |  | | | | | **邮编** |  |
| **姓名** | **性别** | **职务** | | **手机** | | | |
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