附件：

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 中华中医药学会疼痛与康复学术产业联盟成立大会回执 | | | | | | | |
| 姓名 |  | 性别 |  | 年龄 |  | 职称 |  |
| 手机 |  | | | 邮箱 |  | | |
| 工作单位 |  | | | | | | |
| 住宿 | 人数：人；时间：6月日-日；  包房□合住标间□ | | | | | | |
| 备 注 |  | | | | | | |