附件2

中华中医药学会精准扶贫志愿者专家组成立大会参会回执

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| 单位名称 |  | | | | | | |
| 通信地址 |  | | | | | 邮政编码 |  |
| 联 系 人 |  | | | 手 机 | |  | |
| 联系电话 |  | | | 传 真 | |  | |
| 姓 名 | 性别 | 职务或职称 | 电话 | | 手机 | | 邮箱 |
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