附件1

中华中医药学会络病分会络病教学研讨会回执

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| --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 |  | 职称 |  |
| 民族 |  | 年龄 |  | 电话 |  |
| 单位 |  | | | | |
| 地址 |  | | | 邮编 |  |
| 备注 |  | | | | |