附件

**新时代医院管理研究高峰论坛暨**

**2018 年医疗建筑合成设计学术年会回执表**

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| **单位名称** |  | | | | | | |
| **通讯地址** |  | | | | **邮 编** | |  |
| **联 系 人** |  | | **联系电话** |  | **传 真** | |  |
| **姓 名** | **性 别** | **职务/职称** | **电 话** | **手 机** | | **E—mail** | |
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