**附件**

**山东省康复医学会第四次会员代表大会**

**参会回执表**

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| **姓名** | **性别** | **单位** | **手机** | **理事/**  **会员代表** | **是否住宿**  **是□ 否□** | |
| **单间** | **标间** |
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