附件1：

**省医学情报图书协会2025年度学术年会参会回执表**

**参会单位：**

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| --- | --- | --- | --- | --- | --- | --- |
| **姓名** | **性别** | **职务、职称** | **工作单位** | **联系电话** | **是否缴纳会费** | **是否住宿** |
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