附件

中医经典理论培训班回执

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| **序号** | **姓名** | **工作单位** | **性别** | **职务/职称** | **住宿** | **联系电话** |
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请于2017年 4月 5日前将回执发至云南省中医药学会邮箱[ynszyyxh@qq.com](mailto:ynszyyxh@qq.com).