**附：**  “**国际老年护理高峰论坛”** **报名回执单（复印有效）**

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| 单位名称 |  | | | | | | |
| 单位地址 |  | | | | 邮编 | |  |
| 姓   名 | 性别 | 职称 | 职务 | 手机 | | E-mail | |
|  |  |  |  |  | |  | |
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| 是否需安排住宿 |  | | | | | | |