**南方医科大学深圳医院“肥胖症营养治疗诊疗规范与新技术培训班”报名回执**

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| **单位名称：** |  | | **通讯地址：** |  | |
| **姓名** | **科室** | | **职务／职称** | **联系电话** | **邮箱** |
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| **（可加行）** |  | |  |  |  |
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