**附件1：**

**“中西医结合在泌尿外科的临床应用”报名回执**

单位： 联系人： 电话：

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| --- | --- | --- | --- | --- | --- |
| 姓名 | 科室 | 职称 | IC卡号 | 联系电话 | 是否需住宿 |
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