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**《疑难肝病超声诊断及肿瘤介入治疗的新进展》学习班**

**回执（复印有效）**

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| **姓名** |  | **性别** |  | **年龄** |  |
| **职务/职称** |  | **工作单位** |  | | |
| **电话** |  | **手机** |  | | |
| **邮编** |  | **邮箱** |  | | |
| **是否住宿** |  | **地址** |  | | |
| **到达时间** |  | **入住时间** |  | | |

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