**参会回执**

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| --- | --- | --- | --- | --- | --- | --- |
| **姓名** | **性别** | **工作单位** | **职务/职称** | **电话** | **是否住宿** | **E-mail** |
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注：回执请于2017年8月25日前发到邮箱gdpharm2016@163.com