附件1：

第十届长三角海洋医药论坛暨第八届浙江省海洋药物学术年会回执表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 联系人 | |  | | | 电话 |  | | 传真 |  |
| 单位名称 | |  | | | | | | | |
| 通讯地址 | |  | | | | | | 邮编 |  |
| 参会代表名单 | | | | | | | | | |
| 姓名 | 性别 | | 职务/  职称 | 手 机 | | | E-mail | | 单间/  双人间 |
|  |  | |  |  | | |  | |  |
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| 申请会议报告 | □是  □否 | | 题目和发言人 |  | | | | | |
| 备注 |  | | | | | | | | |