附件1

粤港澳大湾区药学服务与创新论坛参会回执

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| 参加单位 |  | | | | | |
| 姓名 | 性别 | 职称 | 职务 | 手机 | E-mail | 是否住宿 |
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注：参会者请于11月30日前按要求填写参会回执并回复到邮箱z05@cpa.org.cn