**附件2**

**消化病专业委员会2017年学术年会暨第三届**

**全国消化及内镜学术交流大会参会回执**

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| **单位名称** |  | | | **地址、邮编** |  | | |
| **联系人** |  | | | **邮箱** |  | | |
| **姓名** | **性别** | **部门** | **职务/职称** | **手机** | **住宿（是/否）** | | |
| **27日晚** | **28日晚** | **单/标** |
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