**中美物理治疗教育论坛**

**报 名 回 执 表**

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| **单位名称** |  | | | | **电话** | |  | |
| **单位地址** |  | | | | **邮编** | |  | |
| **联系人** |  | **手机** |  | | **EMAIL** | |  | |
| **参加人员** | **姓名** | **职务/职称** | **联系方式** | **请在参加的议程后打√** | | | | |
| **会议10/22** | | **工作坊10/23**  **上午** | | **康复机构探访10/23**  **下午** |
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**备注：**1、住宿和晚餐由参会人员自行负责；

2、联系人：沈善弟

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