**《造口、慢性疑难伤口护理新进展》回执（复印有效）**

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| **姓名** |  |  | **性别** |  |  |  | **年龄** |  | |  |
| **职称/职务** | |  | | | **手机号码** |  |  | | | |
| **工作单位** | |  | | | | **邮政编码** | | |  | |
| **身份证号码** | |  | | | **电子邮箱** |  | | | | |
|  |  |  |  |  |  |  |  |  |  |  |