**《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** |  |
|  |  |  |  |  |  |  |  |  |  |  |