**《药理研究实验室新技术应用研讨会》报名回执表**

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| 单位名称 |  | | | | | |
| 联系人 |  | | | 手机 |  | |
| 通讯地址 |  | | | 电话 |  | |
| 姓名 | 性别 | 部门 | 职务 | 移动电话 | | QQ号码 |
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| 备 注 | 本次研讨会针对河南省药学会会员免费开放 | | | | | |