**附件2：**

**青光眼诊疗新进展学习班**

**参会报名回执**

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| **单位** |  | | | | | | | | |
| **电话** |  | | | **传真** | |  | | | |
| **地址** |  | | | | | | | **邮编** |  |
| **姓名** | **性别** | **职务** | **手机** | | | | **邮箱** | | |
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| **发票抬头** |  | | | | | | | | |
| **住宿** | **单人间□ 标准间□ 否□** | | | | **注册方式** | | **转账□ 现金□** | | |
| **备注** | 请认真填写以上信息。 | | | | | | | | |