附件

**2018年全省健康体检**

**质量管理与控制工作会议参会代表回执**

市（含定州、辛集市）卫生计生委（局）/省直医院（盖章）

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| **姓 名** | **工作单位** | **性别** | **出生年月** | **职务/职称** | **联系电话** | **是否住宿** |
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