**“价值医疗：医院高质量发展”论坛报名回执**

单位：

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| 姓名 | 部门/职务 | 手机（必填） | 非上海本市参会代表填写 | | |
| 抵达日期 | 离开日期 | 联系人/联系人手机 |
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