附件1

中国康复医学会脑血管病专业委员会2020学术年会

参会回执

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **姓名** | **性别** | **单位名称** | **手机号码** | **单间/双间/拼住** | **入住日期** |
|  |  |  |  |  |  |