附件3:

“2020中国国际医疗健康产业高峰论坛暨 海南国际健康产业博览会”

参展参会回执表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 参展单位 |  | | | | | | | |
| 联 系 人 |  | | 职务 |  | | 手机 |  | |
| 参展面积 | 标准展位：共 个 | | | | | | | |
| 光地展位：共 m2 | | | | | | | |
| 参会单位 |  | | | | | | | |
| 联 系 人 |  | 职务 | | |  | 手机 | |  |
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注：此表请于10月16日前回执以便组委会及时安排展位。

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