**附件2**

**美国医疗器械法规专题研讨会报名回执**

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| **单位名称** |  | | | | |
| **通信地址** |  | | | **邮编** |  |
| **姓 名** | **部 门** | **职 务** | **手机（必填）** | **E-mail** | |
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