**附件：2025第30届中国中西部（合肥）医疗器械展览会**

**观众预先登记回执表**

**时间：2025年03月21-23日 地点：合肥滨湖国际会展中心（合肥市锦绣大道3899号）**

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| 单位名称 \* |  | | 电话\* |  | 传真\* |  |
| 地 址 \* |  | | | | 邮编\* |  |
| 姓 名 \* | 职 务 \* | 部 门 \* | 手 机 \* | Email | | |
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**（温馨提示：红色**\***号为必填项，请如实填写相关信息加盖公章有效）**