**淮安市医药行业协会**

 **淮药协字[2019]第5号**

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| 附：**淮安市医药行业协会2019年考察学习会议回执**

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| **单位****名称** | **参会****领导** | **职务** | **手机** | **身份****证号** | **住宿****要求** | **住宿发票抬头** |
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