**附件：参会回执**

**《区块链在医疗机构应用中的法律风险》沙龙活动参会回执**

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| **序号** | **姓名** | **工作单位** | **联系邮箱** | **联系电话** | **委员\非委员** |
| 1 |  |  |  |  |  |
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