附件1

**中国医疗器械行业协会康复理疗分会**

**第一届会员代表大会暨一届一次理事会报名回执**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **单位** |  | | **住宿** | **是 否** |
| **地址** |  | | **邮编** |  |
| **姓名** | **职务** | **手机（必填）** | **邮箱** | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |

注：请将会议回执发邮件至中国医疗器械行业协会

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