**附 件：**

**湖北省医疗器械协会第七届会员大会一次会议暨换届大会回执表**

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| --- | --- | --- | --- | --- | --- |
| **企业名称** | |  | | | |
| **地   址** | |  | | | |
| **参会人员信息** | | | | | |
| **姓 名** | **职 务** | | **性别** | **手 机** | **微信或邮箱** |
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|  |  | |  |  |  |

请将回执表填好后发至邮箱：hubamdi@hubamdi.org