附件

**北京健康管理协会**

**第四届理事会第二次会议参会人员回执**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **序号** | **姓名** | **单位名称** | **职务或职称** | **手机号** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |