附件2：

甘肃省心理学会2023年学术年会参会回执

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| **姓 名** | **性 别** | **职称/职务** | **工作单位** | **联系电话** | **住 宿****单住/合住** |
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请于8月18前将回执发送到邮箱：gsxinlixuehui@163.com