附件1

参训人员回执

单位名称：

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| --- | --- | --- | --- |
| 联系人 |  | 电 话 |  |
| 发票抬头 |  | 邮 箱 |  |
| 纳税人识别号 |  |
| 参训人员信息 |
| 姓名 | 性别 | 科室及职务 | 联系电话 | 参培项目（临床或护理) |
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