附件1

2024年临床检验质量管理暨检验技术

新进展培训班回执

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 | | 备 注 |
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注：请务必填写完整学员信息，以免影响审核入群；[请将报名表电子版发至电子邮箱ynwsrckfb@163.com。](mailto:请将报名表电子版发至电子邮箱879950149@qq.com。)