护理教育与科研实践培训班回执单

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| --- | --- | --- | --- | --- | --- |
| **姓 名** | **单 位** | **技术职称** | **职务** | **联系电话** | **是否住宿** |
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请务必于11月30日前发E-mail至[hzmc2016@163.com](mailto:hzmc2016@163.com)