附件

2024年健康科普知识与传播技能提升

培训班报名表

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 参训形式 | | 线下班□ 线上班□ | | | | | |
| 开票单位全称 | |  | | | | | |
| 纳税人识别号 | |  | | | | | |
| 电子发票接收邮箱地址 | |  | | | | | |
| 联系人 | |  | | 电话 | |  | |
| 参训人员信息 | | | | | | | |
| 姓名 | 性别 | | 科室及职务 | | 手机 | | 备注 |
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报名表请于5月22日前发至邮箱：wsrcpx@126.com