**内科住院医师临床能力强化培训班报名回执表（第一期）**

**培训基地（医院）名称： 联系人： 电话：**

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| --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **手机电话** | **电子邮箱** |
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**内科住院医师临床能力强化培训班报名回执表（第二期）**

**培训基地（医院）名称： 联系人： 电话：**

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| --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **手机电话** | **电子邮箱** |
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