**中国非公立医疗机构协会信用与能力评价培训班**

**报名回执**

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| 姓 名 | 性别 | | 民族 | 单位及职务 | | 手机号 | | 电子邮件 | 备注 |
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| 联系人 | |  | | | 联系电话 | |  | | |