附件

蒙医治疗肿瘤病临床培训班回执

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 |  | 年龄 |  | 民族 |  |
| 单位名称 |  | | | 职务职称 |  | | |
| 通讯地址 |  | | | | | | |
| 邮编 |  | | | 联系电话 |  | | |
| 手机 |  | | | 电子信箱 |  | | |
| 住房要求 | □标间 □单间 | | | | | | |
| 备注 |  | | | | | | |