**住院医师规范化培训管理与教学研修班参培回执**

单位名称（盖章）：

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 身份证号 | 专业 | 职称 | 手机号 | 住宿情况 |
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注：住宿情况填写：单间、拼住、不住。

统一联络人及手机号：

单位开票信息

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 单位名称 | 纳税人识别号 | 开户行 | 开户账号 | 开户地址 | 电话 | 邮箱 |
|  |  |  |  |  |  |  |

备注：请务必确认无误。