**《重庆市护理学会第九期血液净化专科护士培训班》回执**

 单位名称：

纳税人识别号：

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | 性别 | 工作年限 | 职称 | 职 务 | 联系电话 | 是否住宿 | 备注 |
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