附件

科室创新经营与效益提升培训班回执

单位名称（盖章）： 年 月 日

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| 姓名 | 性别 | 职务 | 联系电话 | 预留住宿间数 | 备注 |
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注：1.请于4月20日以前传真至重庆市卫计委培训中心会务组

2.传真：023-63651371。