2019年医师资格实践技能考试

重庆市考前冲刺集训班报名回执表

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| 联系人 | |  | | | 固定电话 | | |  | |
| 手机号码 | |  | | | QQ号码 | | |  | |
| 电子邮箱 | |  | | | | | | | |
| 参训人员信息 | | | | | | | | | |
| 姓名 | 性别 | | 所在单位 | 最高学历 | | 毕业时间 | | | 毕业院校 |
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| 单位纳税人识别号码（开具发票必须备注） | | | | | | |  | | |

请填写后传真至023-63621100，[电子版发至18215523680@163.com](mailto:电子版发至19596376@qq.com)