附件

**2022年卫生健康系统临床科研申报专题培训班**

单位名称：

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| 单位名称 | |  | | | | | |
| 联系人 | |  | | 电话 | |  | |
| 参训人员信息 | | | | | | | |
| 姓名 | 性别 | | 科室及职务 | | 手机 | | 电子邮箱 |
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