附件1

2023年医院感染预防与控制培训班回执

单位名称（盖章）： 年 月 日

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| 联系人： | |  | | 联系电话： |  | |
| 开票单位名称  纳税识别号 | |  | | | | |
| 电子邮箱： | |  | | | | |
| 参训人员信息 | | | | | | |
| 姓名 | 性别 | 职务 | 联系电话 | | | 备注 |
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