附

**《儿童保健技术新进展》学习班报名回执**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓名 | 职称（职务） | 单位 | IC卡号 | 是否用餐 | 联系电话 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |