附件一：

2023年“妊娠合并感染性疾病母婴阻断及护理学习班”报名回执

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 单位名称 | 科室 | 姓名 | 职称 | 电话 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |