附件

学校卫生健康管理专题研讨会报名表

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| **单位名称** | **姓名** | **性别** | **民族** | **职务** | **办公电话** | **手机** | **电子邮箱** | **房间预留** | **是否用餐** |
|  |  |  |  |  |  |  |  | 包房□拼房□ | 是□否□ |
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