附件

**全省中医学经典培训班报名表**

 单位:            联系人：       联系电话：

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| **序号** | **姓  名** | **性别** | **出生**  **年月** | **学历** | **职称** | **现从事专业** | **工 作**  **单 位** | **联系电话** |
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