**《基于护理处方开放及DIP付费下的中医适宜技术实践培训班》学员**

**报名回执**

**工作单位： 邮政编码：**

**单位地址： 电话号码：**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | **年龄** | **性别** | **学历** | **职称** | **科别** | **是否住宿** | **备注** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |