附件

智能制药应用与实践培训班报名回执表

填报单位（盖章）： 2023年 月 日

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| **序号** | **姓名** | **性别** | **民族** | **学历** | **职务** | **职称** | **身份证号** | **工作单位** | **联系方式** | **邮箱** | **备注** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
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