**附件：**

2018年《客观结构化临床考试（OSCE）进展与实务》培训班

培训学员报名单回执

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **姓 名** |  | **年 龄** |  | **性 别** |  |
| **职 称** |  | **职 务** |  | **专 业** |  |
| **学 历** |  | **单位科室** |  | | |
| **联系电话** |  | **电子邮件** |  | | |
| **身份证号** |  | | | | |
| **发票抬头**  **（单位税号）** |  | | | | |

**（以上信息皆为必填）**