**附件：**

**三级公立医院绩效考核专题研修班 报名回执表**

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| **姓名** | **性别** | **学历/学位** | **民族** | **政治面貌** | **身份证号码** | **职务/职称** | **联系电话** | **邮箱** |
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| **单位名称** |  | | | | | | | |
| **纳税人识别号** |  | | | | | | | |

\*此表可复制填写。