附件：

**医科教师研修班参训人员回执**

所在单位（公章）： 联系人及联系电话：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **姓名** | **性别** | **学科、职称(职务)** | **身份证号码** | **手机** | **是否需要住宿** | **备注** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

注：1.本表由各单位安排专人统一填写、统一报送；2.可根据需要，增减表格行数；3.请于4月18日（周二）前将电子版报送至1049676654@qq.com。