附件：

**“循证护理方法与应用研讨班”第五期培训回执**

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| **单位名称** |  | | | | | |
| **通信地址** |  | | | | | |
| **发票抬头** |  | | | | | |
| **姓名** | **性别** | **职务** | **职称** | **学历** | **手机号** | **E-mail** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**（回执中提供的电子邮箱务必是个人常用邮箱，与培训期间及之后所用的账号关联。）**

此通知及报名回执复印有效。