**“循证护理证据转化与应用研讨班”回执**

**2024年8月23日-25日**

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| **单位名称** |  | | | | | | |
| **发票抬头** |  | | | | | | |
| **纳税人识别号** |  | | | | | | |
| **姓名** | **性别** | **年龄** | **职务** | **职称** | **学历** | **手机号** | **E-mail** |
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