PICC专业护理技术培训班回执表

单位名称（盖章）：

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| 姓名 | 性别 | 年龄 | 学历 | 职称 | 工作年限 | 身份证号 | 联系电话 | 单位名称 | 单位纳税识别号 |
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| **备注**：单位名称、单位纳税识别号请务必填写正确，以免影响开具发票。 | | | | | | | | | |