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| **临床试验培训班**报名回执表 | | | | | | | | |
| 单位名称 |  | | | | 电话及手机 | |  | |
| 纳税人识别号： | | | | | | | | |
| 邮寄地址 |  | | | | | | | |
| 是否商会  会员单位 | 口 普通会员 口 理事  口 常务理事 口 副会长 | | | | | | | |
| 序号 | 姓名 | 身份证号 | 联系电话 | 职务 | | 性别 | | 住房  （单/拼） |
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| 请下载回执表填写之后发送到商会邮箱（[shanghuipeixun@163.com](mailto:shanghuipeixun@163.com)） | | | | | | | | |