**2016全国麻醉复苏与疼痛护理新进展培训班报名表**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | | |
| E-mail |  | | | 传　真 |  |
| 姓 名 | 性别 | 科　室 | 职务职称 | 电　话 | 手　机 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

注：此表复制有效