附件2：

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **基层针灸适宜技术推广培训班（第三期）报名回执** | | | | | | | |
| 姓 名 |  | 性别 |  | 民族 |  | 职称 |  |
| 单位名称 |  | | | | 职务 |  | |
| 单位地址 |  | | | | 邮编 |  | |
| 联系方式 | 单位电话 |  | | | | | |
| 手机 |  | | | | | |
| E-mail |  | | | | | |