附件：

医学科研管理培训班报名表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 姓名 | 性别 | 工作单位 | 职务 | 职称 | 联系电话 | Email |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |