**附件：**

 **“第四届天府杯妇科腔镜技术培训班”回执表**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **学历** |  | **年龄** |  | **职务/职称** |  |
| **工作单位** |  |
| **通讯地址** |  | **邮政编码** |  |
| **联系电话** |  | **电子邮箱** |  |
| **备注** |  |