**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** |  | | | | | | | |