**附件2:**

**“儿童静脉治疗安全和科学管理学习班”回执单**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 |  | 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 | 住宿：是 否 | | | | | | |