**（请加盖单位公章）**

 **北京华通国康公益基金会**

**2018年10月“加拿大渥太华大学医学院大数据分析项目”报名回执**

**报名单位总联系人**

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| **姓名** | **单位** | **部门** | **职务** | **座机号** | **手机号** | **微信/QQ** | **邮箱** |
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**学员报名信息表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | **性别** | **身份证号** | **科室** | **行政职务** | **职称** | **手机号** | **微信/QQ** | **邮箱** | **费用来源(单位承担/公益捐赠)** |
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**备注：1）**报名表提交截止时间：自医院接到本报名表模板后两周内填妥并提交给北京华通国康公益基金会

1. 请将报名回执表（加盖单位公章扫描件 和 Word格式电子版的两种格式）发到邮箱 **2018prj-temc@guojiyiyao.org 并抄送guolin@guojiyiyao.org**