“传染病科技英文论文写作培训班”回执

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| 姓名 |  | 性别 |  | 年龄 |  | 职称/职务 |  |
| 联系电话 |  | | | 电子邮件 |  | | |
| 工作单位 |  | | | | | | |
| 通讯地址 |  | | | | | | |
| 是否住宿 | □是 □否 | | | | | | |
| 备注 |  | | | | | | |