附件1：全国中医药院校学生工作技能培训回执

**学校名称：**

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| **序号** | **姓名** | **部门** | **职务** | **性别** | **手机** | **住宿日期** | **抵京时间** |
|  |  |  |  |  |  | **□25晚 □26晚 □27晚** | **9月 日 时** |
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