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| 2024年临床输血继续教育培训班报名表 |
| 填报单位： 填报人： 手机号码： |
| 单位税号： 接收电子发票邮箱地址： |

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| 序号 | 单位名称 | 姓名 | 本人手机号码 | 备注 |
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