**四川大学药物临床研究培训中心第四十二期培训**

**报名回执**

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| **单 位** |  | | | | |
| **通讯地址** |  | | | | | |
| **序号** | **姓名** | **性别** | **专业** | **职称** | **手机号码** | |
| **1** |  |  |  |  |  | |
| **2** |  |  |  |  |  | |
| **3** |  |  |  |  |  | |
| **4** |  |  |  |  |  | |
| **5** |  |  |  |  |  | |
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