附件2

**2015全国医院会计实务暨财务工作精细化管理高级培训班报名回执**

经研究，我单位选派以下同志参加本次会议： （请加盖单位公章）

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| 单位名称 |  | | | | | 参会人数 |  | | | 参会期次（地点） | | |  | |
| 联 系 人 |  | | 电话（+ 区号） | | |  | 传 真 |  | | 手机 |  | | E - mail |  |
| 参会人姓名 | 性别 | 职 务 | | | 部门 名 称 | | | | 办公电话 | 传 真 | | 手 机 | | E - mail |
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| 住 宿 要 求 | ▪ 单人间 间 ▪ 双人间 间 | | | | | | | | | | | | | |
| 您关心的问题或需要解答的问题（可另附页）：  *请认真填写或按本表目次另行录排，以便收到最好的学习效果。* | | | | | | | | | | | | | | |

*本回执复制有效*