附件：

**中医（蒙医）医师规范化培训卓越师资培训班报名回执**

单位名称：

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| 序号 | 姓名 | 性别 | 部门 | 职务 | 职称 | 手机号 | 拼房/  单间 |
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单位开票信息

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| --- | --- | --- | --- |
| 单位名称 | 纳税人识别号 | 需要备注信息 | 邮箱 |
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备注：发票抬头和单位税号务必提前核实，发票将发送至预留邮箱，请确保发票

抬头、单位税号、预留邮箱的信息无误，发票一经开出不能退换。