**创新药物药代动力学研究方法与应用技术专题培训班报名表**

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| **单位名称** |  | | | | | | | | | | |
| **通讯地址** |  | | | | | | | | **邮编** |  | |
| **联 系人** |  | | | **联系电话** | |  | | | **传真** |  | |
| **姓   名** | **性别** | | **职务/职称** | | **电话** | | | **手机** | | | **E—mail** |
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| **安排住宿费用自理(300元一间）** | | **标准间单住□** | | | | | **不住□** | | | | |
| **参会费用** | | **万     仟     佰     拾     元整     ¥** | | | | | | | | | |
| **发票抬头与用途：抬头：**    **用途：□会议费，□培训费）：** | | | | | | | | | |
| **联 系 人：李庆云**  **电    话：010-80446210**  **报名邮箱：liqingyunok@126.com** | | | | | | | | | | | |
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