**参加“2019医院管理公益大讲堂”第三讲回执表**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **姓 名** | **单 位** | **职 务** | **办公电话** | **手 机**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |