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| 附件4 | | | | | | | | | |
| 第二届全国悦读中医之星评选活动（行业组）报名汇总表 | | | | | | | | | |
| 填表单位（公章）： 填表部门： 联系人： 联系电话： | | | | | | | | | |
| 序号 | 姓名 | 单位 | 科室 | 性别 | 手机 | E-mail | QQ | 通信地址 | 邮政编码 |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |