附件

**疑难胃肠肝胆疾病诊治提高班暨**

**龙祖宏名老中医诊治疑难肝胆病经验传承班报名回执**

**单位公章：**

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| **姓名** | **性别** | **民族** | **单位** | **身份证号码** | **联系电话** |
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