**附件**

**2016-04-18院内GCP培训报名回执（请以科室为单位填写）**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **科室/单位** | **联系电话** | **电子邮箱** | **建议培训内容** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |