**附件**

**2015年度第四期院内GCP培训报名回执（请以科室为单位填写）**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **科室** | **姓名** | **出生日期** | **职务** | **职称** | **联系电话** | **电子邮箱** |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |