**2015年核磁共振技术与应用免费培训班（回执）**

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| 姓 名 |  | 性别 |  | 职称/职务 | |  |
| 单 位 |  | | | | | |
| 联系地址 |  | | | | 邮编 |  |
| 电话/手机 |  | | | | | |
| E-mail |  | | | | | |
| 培训班期数 |  | | | | | |