**附件一：广西医科大学第一附属医院腔镜基础技能培训班报名表**

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| **序号** | **姓名** | **性别** | **所在专业基地/科室** | **人员类型（住培学员/专培学员/专业学位硕士研究生/进修生/其他人员）** | **年级** | **联系电话** |
| 1 |  |  |  |  |  |  |
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