**北京大学口腔医院2018年“实用口腔门诊镇静全麻技术培训班”报名表**

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| --- | --- | --- | --- | --- | --- | --- |
| **姓名** | **性别** | **年龄** | **职称** | **职务** | **最高****学历** | **工作单位** |
|  |  |  |  |  |  |  |
| **是否来自基层** | **联系电话** | **E-mail地址** | **发票抬头、纳税人识别号** **（请咨询财务准确填写）** |
|  |  |  |  |
| **通讯地址** |  |

**注：** **此表为登记学员信息和办理证书的依据，请逐项填写，不要遗漏，复制有效**

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