**北京大学第六医院精神专科医院科研管理与临床研究方法**

**规范化培训班（第一期）**

**参会回执**

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| **单位名称** |  | | **发票抬头及**  **纳税人识别号** |  | |
| **代表姓名** | **职称/职务** | **邮箱** | | | **电话** |
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