附件：

**民营医药机构网上药品集中采购培训班回执表**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | | | |
| 单位地址 |  | | | | | |
| 姓名 | 性别 | 职务 | 民族 | 办公电话 | 手机 | 是否住宿 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |