附件2：**浙江省医学实验动物与动物实验培训班报名人员汇总表**

报名人数： 人　 填报单位：　　　　　　　　　填报人：　　　　　 联系号码：　　　 填报时间：

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| **序号** | **姓名** | **性别** | **工作（学习）单位** | **工作（学习）部门/科室** | **职称/职务（学号）** | **手机号码** |
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