**中国医院协会关于举办**

**医保政策执行与医院高质量发展培训班会议回执**

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| 工作单位 | |  | | | | | |
| 姓名 | | 性别 | | 职务 | 手机号码 | 电子邮箱 | |
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| 住 宿 信 息 | | | | | | | |
| 是否安排住宿 | | | | | 是（ ） 否（ ） | | |
| 住宿  需求 | 人数 | | 房间数 | | | | 备注 |
| 单间 | | 标间 | |
|  | |  | |  | |  |