附件1：

济宁市消化疾病防治高级研修班报名表

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| 序号 | 单位名称 | 姓名 | 职务 | 职称 | 联系  方式 | 是否  住宿 | 备注 |
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附件2：

济宁市消化疾病防治高级研修班学员需求调查表

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| --- | --- | --- | --- |
| 姓名 |  | 工作单位  及职务 |  |
| 学员希望掌握的理论知识 |  | | |
| 学员希望掌握的内镜技术 |  | | |
| 学员对研修班的要求及建议 |  | | |