附件2

**2020年全国高等中医药院校循证医学师资研修班汇总表**

**单位（盖章）：**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | **性别** | **出生年月** | **身份证号** | **职务/职称** | **联系电话** | **邮箱** | **是否需要发票** | **发票抬头** | **证书邮寄地址** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |