附件：

**影像技术规范化新进展培训班**

**参会回执**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** |  | **职称** |  |
| **单位** |  |
| **所在科室** |  | **职务** |  |
| **联系地址** |  |
| **手机** |  | **电子邮箱** |  |

**备注：为方便安排会场，请参会人员将回执发送至kzkz\_kzkz@126.com邮箱。**