附件

**兽医微生物菌毒种鉴定与保藏培训班参会回执**

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| --- | --- | --- | --- | --- | --- |
| **单位** |  | | | | |
| **姓名** |  | **性别** |  | **民族** |  |
| **职务/**  **职称** |  | | **电话** |  | |
| **报到时间** |  | | **离开时间** |  | |