**附件1 湖南省药师技能培训中心揭牌仪式暨湖南省药学会药师处方审核技能提升工作经验交流会回执表**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **姓名** | **性别** | **职称** | **单位** | **联系电话** | **身份证** | **是否预订住宿** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |