附件1

**2019年度全省第七期脑瘫儿童引导式教育基础培训班报名回执**

 市残联（加盖公章方有效） 传真至：020-83865225

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| **姓名** | **性别** | **学历** | **专业** | **工作单位** | **移动电话** | **身份证号码** | **从事康复工作年限** |
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 填报人： 联系电话：