附件

**南京医科大学康达学院第四期PBL导师培训回执**

**学院/附属医院：**

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| **序号** | **姓名** | **性别** | **出生年月** | **教龄** | **学系/教研室** | **二级科室** | **职称/职务** | **手机号码** | **邮箱** | **是否需要代为预订宾馆** | **大床房/****标准间** | **备注** |
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**备注：连云港花果山大酒店，地址：连云港市海州区花果山大道98号**