附件：

**第四届药师技能大赛报名表**

|  |  |  |  |
| --- | --- | --- | --- |
| **地区** | **医院名称** | | **级别** |
|  |  | |  |
| **队伍联系人** | **手机号码** | **联系邮箱** | |
|  |  |  | |
| **领队** | **姓名** | **职务** | **职称** |
|  |  |  |
| **队员** | **姓名** | **职务** | **职称** |
|  |  |  |
|  |  |  |