附件2

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| **广州市继续医学教育项目申报汇总表** | | | | | | | | |
| 盖章： |  |  | 填报日期： |  | 填报人： |  | 联系电话： |  |
| **序号** | **受理**  **编号** | **项目**  **类别** | **项目批次** | **项目名称** | **申报单位** | **推荐单位** | **项目负责人** | **项目负责人所在单位** |
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