附件:

**第三届高等医学院校大学生数字形态学读片**

**和数字解剖标本辨识技能大赛活动**

**参赛学生报名表**

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| **学校** | **学生姓名** | **专业** | **本/专科** | **参赛学科** | **学生联系电话（确保准确无误）** | **指导老师****（不超过三人）** |
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注：报名联系人：孟祥苹老师，微信号&电话：15253163832