附件2

第二届全省医疗卫生行业首席信息官培训班报名表

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | **性 别** | |  | | **出生年月** |  |
| **最后学历** |  | **所学专业** | |  | | **职 务** |  |
| **单位名称** |  | | | | | **是否住宿** |  | |
| **联系电话** |  | | **E-mail** | |  | | |
| **工作简历** |  | | | | | | | |
| **单位信息化建设概况** |  | | | | | | | |