**运动康复师资培训班暨教材编写会回执**

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| **姓名** |  | **性别** |  | **出生年月** |  |
| **单位名称** |  | **职务、职称** |  |
| **联系电话** |  | **电子邮箱** |  |
| **通讯地址** |  |
| **是否运动康复学组委员** | **是□ 否□** |
| **参加培训班或/和教材会议** | **培训班□ 教材会议□**  |