**运动康复师资培训班暨教材编写会回执**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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□** | | | |