附件2:

首届甘肃省大学生医学形态学读片和人体解剖标本辨识技能大赛

**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：王敏老师，邮箱：wmin@lzu.edu.cn,电话：13919083272。