**附件：参会回执**

**“《医疗保障基金使用监督管理条例》解读及合规适用”培训**

**参会回执**

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| --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **工作单位** | **联系邮箱** | **联系电话** | **委员\非委员** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |