**附件1：**

慢性病大数据分析应用与风险预测模型培训班回执

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| **序号** | **县区** | **单位** | **姓名** | **性别** | **职务/职称** | **联系电话** | **备注（线下/线上）** |
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**备注：回执备注栏请填写参加线下或线上班。**