附件2：

西安护理学会第九届理事会专业委员会推荐汇总表

**单位（盖章）：**

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| **序号** | **拟加入专委会** | **姓名** | **性别** | **出生年月** | **学历** | **职务** | **职称** | **政治面貌** | **联系电话** |
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