**山西省中医药学会少儿推拿专业委员会参会理事登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 出生年月 |  | 性别 |  | | | 政治  面貌 | | |  |
| 籍贯 |  | | 民族 | |  | | | | | | |
| 职称 |  | 职务 |  | | | | | 学历 | |  | |
| 工作单位 |  | | | | | | | | | | |
| 毕业院校及专业 |  | | | | | | 毕业时间 | |  | | |
| 工作简历 |  | | | | | | | | | | |
| 联系电话/手机 |  | | | Email | |  | | | | | |
| 通信地址与邮编 |  | | | | | | | | | | |
| 单位推荐意见 |  | | | | | | | | | | |
| 山西省中医药学会意见 |  | | | | | | | | | | |