附件：

第四届安宁疗护典型案例竞赛报名表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **姓名** | **性别** | **职称** | **职务** | **单位** | **案例名称** | **联系方式** |
|  |  |  |  |  |  |  |