附件2：

优玛金陵伤口护理学校学员信息汇总表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | **年龄** | **单位** | **目前所在室** | **职称** | **职务** | **电话** | **邮箱** | **单位地址** | **邮编** |
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