附件3：

**教育部临床医学专业认证专家交流培训会议交通信息反馈表**

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| 姓名 | 联系电话 | 到达交通 | | | 返回交通 | | | 备注 |
| 日期 | 航班号 | 到达时间 | 日期 | 航班号 | 出发时间 |
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