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| **2018南京·江宁春牛首国际马拉松医师跑者&急救跑者报名表** | | | | | | |
| 姓名 | | |  | 性别 | |  |
| 出生年月 | | |  | 职业 | |  |
| 所报配速 | | |  |  | |  |
| 报名医师跑者（是或否） | | |  | 报名急救跑者（是或否） | |  |
| ***备注：报名医师跑者和报名急救跑者请二选一。*** | | | | | | |
| **所持相关资质证书** | | | | | | |
| 1 |  | | | | | |
| 2 |  | | | | | |
| 3 |  | | | | | |
| **医师跑者或急救跑者经历** | | | | | | |
| 时间 | | 赛事名称 | | | | |
|  | |  | | | | |
|  | |  | | | | |
| **马拉松比赛参赛经历** | | | | | | |
| 时间 | | 赛事名称 | | | 完赛时间 | |
|  | |  | | |  | |
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|  | |  | | |  | |
| **自我评价** | | | | | | |
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| 备注：将填写后的报名表格和相关证明材料发送至邮箱**njcns\_mlszzb@163.com**：（主题：医师跑者\急救跑者报名表-姓名）。 | | | | | | |
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