**臺中市藥師公會藥事照護活動藥師簽到表**

**活動名稱：**

**日期/時間：**

**活動地點：**

**演 講 者：**

**演講主題：**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NO** | **職業處所** | **姓名** | **NO** | **職業處所** | **姓名** |
| **1** |  |  | **11** |  |  |
| **2** |  |  | **12** |  |  |
| **3** |  |  | **13** |  |  |
| **4** |  |  | **14** |  |  |
| **5** |  |  | **15** |  |  |
| **6** |  |  | **16** |  |  |
| **7** |  |  | **17** |  |  |
| **8** |  |  | **18** |  |  |
| **9** |  |  | **19** |  |  |
| **10** |  |  | **20** |  |  |