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| VARDAS  |
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| PAVARDĖ |
| GYVENAMOSIOS VIETOS ADRESAS |
|  |  |  |
| MOKSLO LAIPSNIS |  | PEDAGOGINIS VARDAS |
| SPECIALYBĖ |  | PAGRINDINĖ DARBOVIETĖ |
| **8** |  |  |  |  |  |  |  |  |  |  |  |  |
| TELEFONO NUMERIS | ELEKTRONINIO PAŠTO ADRESAS |

Kauno krašto onkologų, hematologų ir transfuziologų draugijos pirmininkui

doc. Rolandui Gerbutavičiui

# PRAŠYMAS

PRIIMTI Į KAUNO KRAŠTO ONKOLOGŲ, HEMATOLOGŲ IR TRANSFUZIOLOGŲ DRAUGIJĄ

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|  |  |  |  |  |  |  |  |  |  | MIESTAS |  |  |  |  |  |  |  |  |  |  |

Prašau priimti mane į Kauno krašto onkologų, hematologų ir transfuziologų draugiją ir leisti tapti jos nariu (-e). Tapus draugijos nariu, įsipareigoju laikytis draugijos įstatų.

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|  |  |  |  |
|  | VARDAS PAVARDĖ |  | PARAŠAS |