附件2

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 第三届海峡两岸青年中医药传承创新论坛暨道地药材临床应用论坛  参会回执 | | | | | | | |
| 姓名 |  | 性别 |  | 年龄 |  | 职称 |  |
| 手机 |  | | | 邮箱 |  | | |
| 工作单位 |  | | | | | | |
| 餐饮 | 需要□ 不需要□ | | | | | | |
| 住宿 | 时间：月日-月日；  单间□合住标间□ | | | | | | |
| 备注 |  | | | | | | |