附件1

**中华中医药学会中医耳鼻喉国际论坛参会回执**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 |  | 职称 |  |
| 民族 |  | 年龄 |  | 电话 |  |
| 单位 |  | | | | |
| 地址 |  | | | 邮编 |  |
| 备注 |  | | | | |