附件1

**第三届肿瘤阳光论坛暨中华中医药学会肿瘤创新共同体第二届会议报名回执表**

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| **单位名称** | |  | | | | | | | | |
| **通信地址** | |  | | | | **邮编** | |  | | |
| **开票信息** | **名称** | |  | | | | | | | |
| **纳税人识别号** | |  | | | | | | | |
| **地址、电话** | |  | | | | | | | |
| **开户行及账号** | |  | | | | | | | |
| **代表姓名** | | **性别** | **职务** | | **所学专业** | | **邮箱** | | **手机** | |
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| **共计\_\_位** | | **金额  大写：\_\_\_\_万\_\_\_\_仟\_\_\_\_佰\_\_\_\_拾\_\_\_\_元；小写：￥\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **住宿安排** | | **单住□**  **拼房□** | | **预计到达：\_\_\_点\_\_\_分  ( 车次：\_\_\_\_\_或航班：\_\_\_\_\_\_\_ )** | | | | | | |
| **是否有意向联合研究肿瘤相关内容** | | | | | | | | | | **是□ 否□** |
| **联系方式：邮箱：**[**zjzlylt@126.com**](mailto:zjzlylt@126.com)  **齐雪维 15811106101 王利娜 15901286718** | | | | | | | | | | |
| **备注说明：**  **本次会议提供国家二类继续医学教育学分5学分，请参会人员备注（不备注的默认不需要）：** **需要学分：□                     不需要学分：□** | | | | | | | | | | |