附件：

中华中医药学会五运六气研究（北京）峰会参会回执

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | 性 别 |  | | 年 龄 | | |  | 民 族 | |  | |
| 工作单位 |  | | | | | | | | | | | | |
| 职 务 |  | | 职 称 |  | | | | 电子信箱 | |  | | | |
| 通信地址 |  | | | | | | | | | 邮 编 | | |  |
| 固定电话 |  | | 手 机 | |  | | | 传 真 | |  | | | |
| 是否发言 |  | 发言题目 |  | | | | | | | | | | |
| 住宿 | 入住时间 | |  | | | | 退房时间 | | | |  | | |
| 备 注 |  | | | | | | | | | | | | |