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| --- | --- | --- | --- | --- | --- | --- | --- |
| 附件  第四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 |  | | | | | | |