附件：

中华中医药学会神志病分会第九次全国学术年会回执

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 性别 | |  | 民族 | |  | 国籍 |  |
| 工作单位 |  | | | | | | | | |
| 职 务 |  | | 职 称 | | |  | | | |
| 电 话 |  | | 邮 箱 | | |  | | | |
| 到会时间 |  | | 离会时间 | | |  | | | |
| 是否住宿 | □不住宿 □标间 □单间 | | | | | | | | |
| 备 注 |  | | | | | | | | |