附件:

第十八次中医诊断学术年会回执

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | 性别 |  | | 年龄 |  | | | 民族 | |  |
| 职务/职称 |  | 联系电话 | | | |  | 手机 | | | |  | |
| 通讯地址 |  | | | | | | | | | | | |
| 电子邮箱 |  | | | | | | | 邮政编码 | | | |  |
| 住宿安排 | □标间合住 □单住 | | | | | | | | | | | |
| 到达时间 |  | | | | 车（航班）次 | | | |  | | | |
| 返程时间 |  | | | | 车（航班）次 | | | |  | | | |

　　请所有参会代表务必于2017年6月30日前将参会回执寄回或发送到电子邮箱：zyzdxnh2017hb@163.com。