附件

中华中医药学会中成药分会2018年学术年会回执

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| 姓名 |  | 性别 |  | 年龄 |  | 民族 |  |
| 工作单位 |  | | 职务/职称 | |  | | |
| 通讯地址 |  | | | | | | |
| 联系电话 |  | | | | | | |
| 电子邮箱 |  | | | | | | |
| 住宿要求 | 单间 □         标准间合住 □ | | | | | | |