**附件2**

**参会回执**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **工作单位** |  | | | **医院带队姓名** | |  | |
| **姓名** | | **性别** | **职务/职称** | | **手机号** | | **E-mail** |
|  | |  |  | |  | |  |
|  | |  |  | |  | |  |
|  | |  |  | |  | |  |
| **房间信息** | | **入住日期： 离店日期：** | | | | | |
| **房间类型** | | **标间□ 单间□** | | | | | |
| **参会项目** | |  | | | | | |
| **发票单位** | |  | | | | | |
| **备注：请于 2016年10月28日前将报名回执以Email形式发送到指定邮箱：syyxb2803@163.com** | | | | | | | |