**2020年全国中西医结合教育研讨会参会回执**

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| 姓 名 |  | 性别 | |  | 年龄 | |  | 民族 |  |
| 单位名称 |  | | | | | 职称/职务 | |  | |
| 通讯地址 |  | | | | | 联系电话 | |  | |
| 身份证号码 |  | | | | | | | | |
| 邮 编 |  | | E-mail | | |  | | | |
| 是否需要学分 |  | | 是否提交论文 | | |  | | | |
| 备 注 |  | | | | | | | | |