**附件：2024全国科学安全用药培训启动仪式参会回执表**

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| **单位基本信息** | | | | | | | | | | | | |
| 单位名称 | | |  | | | | | | | | | |
| 单位地址 | | |  | | | | | | | | | |
| 联系人 | | |  | | | 联系电话 | | |  | | | |
| 单位邮编 | | |  | | | 电子邮箱 | | |  | | | |
| **参会人员** | | | | | | | | | | | | |
| 姓 名 | | 职 务 | | | 联系电话 | | | 微 信 | | | 备注 | |
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| 合计参加人数： 人 | | | | | | | | | | | | |
| **住房预定信息** | | | | | | | | | | | | |
| **入住人姓名** | **联系电话** | | | **预定房型** | | | **房间数量** | | | **入住时间** | | **退房时间** |
|  |  | | |  | | |  | | |  | |  |
| **备注：**参会住宿享受优惠价370元/间夜含早（最多2份），房费自理，退房时酒店前台开具发票。房间预定后不可退。  **会议酒店：**荆州富力万达嘉华酒店（湖北省·荆州市荆州区北京西路518号） | | | | | | | | | | | | |

**参会回执请备注企业名称后发送至：**[**ccpia163@163.com**](mailto:ccpia163@163.com)**，或直接发送会务组工作人员。**