**附件：2**

**新兴医学技术伦理治理培训会参会回执**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **单位（注明是否为会员单位）** |  | | | | | | |
| **地址** |  | | | | **电话** | |  |
| **参会联系人** |  | **手机（必填）** |  | | **邮箱（必填）** | |  |
| **参会学员** | **性别** | **职务** | **手机** | | **邮箱** | | |
| 1. |  |  |  | |  | | |
| 2. |  |  |  | |  | | |
| 3. |  |  |  | |  | | |
| **住 宿** | **单 间：\_\_\_1\_\_\_间；**  **双人标间：\_\_\_\_\_\_间**  **入住日期：\_\_\_\_\_\_\_\_\_；离会日期：\_\_\_\_\_\_\_\_\_。** | | | | | | |
| **注册缴费** | 注册费： 元/人× 人= 元 | | | | | | |
| **发票事项** | 发票抬头 |  | | 纳税人识别号 | |  | |