**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. |  |  |  | |  | | |
| **注册参会** | 注册费： 元/人×人= 元 | | | | | | |
| 标准：会员单位，￥1000，非会员单位，￥1200；会员单位团体注册：非会员单位1000元/人，中国医院协会会员单位800元/人 | | | | | | |
| **发票事项** | 发票抬头 |  | | 纳税人识别号 | |  | |