**附件1：**

**医学教育学术交流回执表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单位 (必填\*) | | | | |  | | | | 联系人及电话 | | |  | |
| 发票信息  抬头、税号、开户行及账号信息  (必填\*) | | | | | (我们将根据填写信息开取发票，请务必正确填写发票信 息， 以防错开) | | | | | | | | |
| 发票开取 (必填\*) | | | | | 单开  合开 (2人及以上合开一张) | | | | | | | | |
| 参 会 人 员 | | | | | | | | | | | | | |
| 序号 | 姓名 | 性 别 | | 身份证号 | 职务 | | 电话 | | | 民族 | | 邮箱 (发送 课 件 或 回 放) | 授课专 业 |
| 1 |  |  | |  |  | |  | | |  | |  |  |
| 2 |  |  | |  |  | |  | | |  | |  |  |
| 3 |  |  | |  |  | |  | | |  | |  |  |
| 4 |  |  | |  |  | |  | | |  | |  |  |
| 付款方式 | | | | | | | 现金 ( ) 刷卡 ( ) 转账 ( ) (请打∨) | | | | | | |
| 发票项目 | | | | | | | 培训费 ( ) 会务费 ( ) 会议费 ( ) (打  ∨) | | | | | | |
| 出行信息 | | | | | | | | | | | | | | |
| 乘车方式 | | | | 车次/航班信息 | | | 到达站点 | | 到达时间 | | | 同行人数 | | |
| 火车/飞机 | | | |  | | |  | |  | | |  | | |
|  | | | |  | | |  | |  | | |  | | |

注：请尽早填写报名回执发至会务组 szyb8808@163.com