附件1：

**“海南省中医药学会仲景学说专业委员会年会暨学术研讨会”培训班回执表**

**填报单位（盖章）：**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | **性别** | **单 位** | **职务/职称** | **学历** | **是否住宿** | **联系电话** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**填报人： 联系电话：**  **邮箱：**