第二届中国出土医学文献与文物国际学术会议

报名回执表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name  姓名 | |  | Sex  性别 |  | | 1 Inch Photo  个人证件或人物照  (请提供电子文件) | | |
| Nationality  国籍 | |  | Birth Date  出生年月 |  | |
| Major and Specialty  专业及专长 | |  | Educational Institution& Degree  学历及毕业院校 |  | | | | |
| Work Unit  工作单位 | |  | | | | | | |
| Professional Title 职称 | |  | Job Title  职务 |  | | | | |
| Mail  address  通讯地址 | |  | | Mobile  手机 | |  | | |
| Telephone & FAX No.电话及传真 | |  | E-mail  电子邮件 |  | | | | |
| 房间预订 | | □单间 □双人间  □可拼房 | 房间数量 |  | 天数 | |  | |
| 论文摘要  (300字左右) | | 中文题目：  英文题目： | | | | | | |