**“出生缺陷防治的新理念及创新型模式研讨会”**

**参会报名表（复印有效）**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** |  | **职务** |  | | **职称** | |  |
| **工作单位** |  | | | | | | **科室** | |  |
| **联系地址** |  | | | | | | **邮编** | |  |
| **手机号** |  | **学历** |  | **身份证号** |  | | | | |
| **电子邮件** |  | | | **是否住宿** |  | **住宿标准** | |  | |
| **入住日期** |  | | | **离店日期** |  | | | | |