附件2

2024年度全国中医药适宜技术推广培训班

（泰安站）报名回执表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | | | | | |
| 单位联系人 |  | | 职务 | |  | | 联系电话 |  |
| 参会人 | 性别 | 职务 | | 职称 | | 手机号码 | | 电子邮箱 |
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| 住宿信息 | 是否住宿 是□ 否□ 房间数： 标间 单间 | | | | | | | |
| 报名方式 | 现场参会□ 线上团体参会□ | | | | | | | |
| 缴费方式 | 银行转账□ 现场缴费□ | | | | | | | |
| 发票信息 | 发票抬头： | | | | | | | |
| 纳税识别号： | | | | | | | |

注：请将此表填写后于会前发送至电子邮箱yiliaochuangxinchu@tcm.cn。