**附件1：**

**2015年第十二届海洋药物学术年会**

**报名回执表**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 联系人 | |  | | | 电话 |  | | 传真 | |  |
| 单位名称 | |  | | | | | | | | |
| 通讯地址 | |  | | | | | | 邮编 | |  |
| 参会代表名单 | | | | | | | | | | |
| 姓名 | 性别 | | 出生年月 | 职务/职称 | | 手 机 | E-mail | | 住宿要求单/双人（间） | |
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| 是否做大会报告 | □是  □否 | | 题目和发言人 |  | | | | | | |
| 备注 |  | | | | | | | | | |

**注：会议回执请发至联系人王斌或闻正顺邮箱：wangbin@zjou.edu.cn或wenzhengshun@zjou.edu.cn**