附件：

中医证候转化与疾病预后转归相关性研讨会会议回执

**（2017年9月17日-19日，云南昆明）**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓  名** |  | | **性别** | |  | | **职称（职务）** | |  | | |
| **工作单位** |  | | | | | | | | | | |
| **联系电话** |  | | | | | | | | | | |
| **E-mail** |  | | | | | | | | | | |
| **参会意向** | 是□ 否□ | | | | | | | | | | |
| **房间预订** | 是□ | | | 否□ | | **是否合住** | | 是□ | | | 否□ |
| **入住日期** |  | | | | | **退房日期** | |  | | | |
| **特殊要求** |  | | | | | | | | | | |
|  |  |  |  | |  | |  |  |  |  | |

备注：

请于2017年8月20日前将回执发到邮箱hili302@126.com，否则不能保证有房间住宿。