附件3：

第十五届海洋药物学术年会暨2021国际海洋药物研讨会参会回执表

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 联系人 | |  | | | 电话 |  | | 邮箱 |  | |
| 单位名称 | |  | | | | | | | | |
| 通讯地址 | |  | | | | | | 邮编 |  | |
| 发票抬头 | |  | | | | | | | | |
| 纳税识别号或统一社会信用代码 | |  | | | | | | | | |
| 参会代表名单 | | | | | | | | | | |
| 姓名 | 性别 | | 出生年月 | 职务/职称 | | 手 机 | E-mail | | 宾馆要求 | 单/双人(间) |
|  |  | |  |  | |  |  | |  |  |
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|  |  | |  |  | |  |  | |  |  |
| 申请分会报告 | □是  □否 | | 题目和发言人 |  | | | | | | |
| 中英文  摘要 | □是  □否 | | 中文题目 |  | | | | | | |
| 英文题目 |  | | | | | | |
| 墙报 | □是  □否 | | 题目 |  | | | | | | |
| 备注 |  | | | | | | | | | |