附件

首届全国藏医人体生命科学研讨会参会回执

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 |  | | 职称职务 | |  |
| 工作单位 |  | | | | | | |
| 联系电话 |  | | | 邮箱 | |  | |
| 是否住宿 | ﻿□是 □否 | | | | | | |
| 通讯地址 |  | | | | | | |