**参会代表报名回执单**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **重庆市医学会2020年儿科专委会新生儿学组年会回执** | | | | | | | | | |
| 姓名 |  | 性别 | |  | | 职称 |  | 职务 |  |
| 单位  （全称） |  | | | | 参会人数 | |  | | |
| 住宿 | 是 □ | | 单间 □ | | | 数量/间 | |  | |
| 标间 □ | | |
| 否 □ | | | | | | | | |
| 联系电话： | | | | | | 邮箱： | | | |
| 备注： | | | | | | | | | |

**请发送参会回执至邮箱：1372508768@qq.com**