**中国医学整合课程联盟会议回执**

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| **单 位** | |  | | | | | | | | | |
| **通讯地址** | | （**邮政编码：** ） | | | | | | | | | |
| **行程联系人** | | **办公电话： 手机： 电子信箱：** | | | | | | | | | |
| **序**  **号** | **姓名** | **二级单位名称** | **职务** | **职称** | **办公电话** | **手机** | **电子信箱** | **来程航班信息** | | **返程航班信息** | |
| **航班号** | **到达时间** | **航班号** | **起飞时间** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |