附件1：

第十六届海洋药物学术年会参会回执表

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **联系人** | |  | | | **电话** |  | | **邮箱** |  | |
| **单位名称** | |  | | | | | | | | |
| **通讯地址** | |  | | | | | | **邮编** |  | |
| **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)** |
|  |  | |  |  | |  |  | |  |  |
|  |  | |  |  | |  |  | |  |  |
| **申请女科学家报告** | **□是**  **□否** | | **题目和**  **发言人** |  | | | | | | |
| **申请主题报告** | **□是**  **□否** | | **题目和**  **发言人** |  | | | | | | |
| **中英文**  **摘要** | **□是**  **□否** | | **中文题目** |  | | | | | | |
| **英文题目** |  | | | | | | |
| **成果转化墙报** | **□是**  **□否** | | **题目** |  | | | | | | |
| **研究生墙报** | **□是**  **□否** | | **题目** |  | | | | | | |
| **备注** |  | | | | | | | | | |

注：请于2023年10月10日前将回执表填写完整发送至会务组邮箱z13@cpa.org.cn。