附件1：

《抗菌药物合理应用新进展研讨班》参会回执

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | **性别** | **工作单位** | **学历** | **职务/职称** | **联系电话** | **是否住宿** | **E-mail** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

注：回执请于2015年6月30日前发到电子邮箱：kgr2015@163.com