**精神科临床研究方法学论坛**

**暨精准医学时代的精神科临床与基础研究论坛**

**参会回执**

**（请于10月10日以前发送邮件至会务组邮箱确认参会）**

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| **单位名称** |  | | | | | **发票抬头及纳税人识别号** |  | | |
| **代表姓名** | **性别** | **民族** | **年龄** | **职称/职务** | **学历/学位** | **邮箱** | **电话** | **是否安排住宿** | **房间类型及住宿日期** |
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| **银行汇款凭证（电子扫描图）** |  | | | | | | | | |