**参会回执**

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

注：回执请于2016年6月30日前发到邮箱gdpharm2016@163.com