附件2

中医百部经典整理研究和继承型人才培训班（第一期）回执

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| **姓 名** |  | **出生年月** |  | | | **性别** |  |
| **职 称** |  | **工作单位** |  | | | | |
| **最高学历** |  | **专业方向** |  | | | | |
| **联系电话** |  | | **电子邮箱** |  | | | |
| **主要研究方向** | | | | | | | |
|  | | | | | | | |
| **相关领域成果** | | | | | | | |
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| **是否有意向参与**  **中医百部经典整理研究和继承型人才培养项目** | | | | | **□是**  **□否** | | |
| **是否住宿** | | | | | **□是**  **□否** | | |

说明：主办方提供住宿均为标间，需与其他学员拼房，若有特殊需要请联系主办方。