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| 附件1：参会回执  **“第二届国际脂质科学与健康研讨会·2017”参会回执**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 报名人员情况 | | | | | | | | 姓名 |  | | | 职务/职称 |  | | | E-mail |  | | | 电话 |  | | | 单位名称 |  | | | | | | | 墙报题目 |  | | | | | | | 论文议题 | □脂质分析与表征□脂质改良与调控  □脂质制备与修饰□脂质代谢与健康  □其他 | | | | | | | 注册费开票信息 | | | | | | | | 购买方名称： | |  | | | | | | 纳税人识别号： | |  | | | | | | 电话： | |  | | | | | | 地址： | |  | | | | | | 开户行及账号： | |  | | | | | | 住宿情况登记 | | | | | | | | 是否需要预定酒店□ | | | 住宿天数： | | | 是否愿意合住：□ | | 住宿房间：大床房□；标准间□，性别：男□；女□  武汉光明万丽酒店，大床房/标间：480元/天（含早）□  武汉格林花园酒店，大床房/标间：160元/天（无早）□ | | | | | | | |  |
| 参会回执请于2017年9月20日前发送至邮箱15207162135@163.com |  |