附件2

**美国医疗器械法规专题研讨班报名回执**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **单 位** | |  | | | | | | |
| **联系地址** | |  | | | | **邮编** | |  |
| **联系电话** |  | | | **传真** |  | | | |
| **姓名** | **性别** | | **住宿情况** | | | | **E-mail** | |
|  | □男 □女 | | □单住 □合住 □不住 | | | |  | |
|  | □男 □女 | | □单住 □合住 □不住 | | | |  | |
|  | □男 □女 | | □单住 □合住 □不住 | | | |  | |
|  | □男 □女 | | □单住 □合住 □不住 | | | |  | |
|  | □男 □女 | | □单住 □合住 □不住 | | | |  | |