附件1：

2019年粤桂医院信息化交流大会报名回执

单位：

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | 性别 | 职务 | 联系电话 | 22日 | | | 23日 | | | 自驾 |
| 中餐 | 晚餐 | 住宿 | 中餐 | 晚餐 | 住宿 |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

注：如有拼房请注明。