|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **附件3-第八届“地理信息和空间分析技术在公共卫生健康领域的应用”研讨会报名回执** | | | | | | | |
| **单位名称** | |  | | | **联系人姓名及手机** | |  |
| **参会内容** | | **1.学术报告：是/否； 2.培训；是/否； 3.学术报告+培训：是/否；** | | | | | |
| **发票（内容为会议注册费）** | | **开具单位名称： 1.同上述单位 2.其他：** | | | | | |
| **开具单位纳税人识别号：** | | | | | |
| **电子发票接收邮箱：** | | | | | |
| **报名人员名单** | | | | | | | |
| **姓名** | **部门** | **职务/职称** | **专业方向** | **学历** | | **手机** | **电子邮箱** |
|  |  |  |  |  | |  |  |
|  |  |  |  |  | |  |  |
|  |  |  |  |  | |  |  |
|  |  |  |  |  | |  |  |
|  |  |  |  |  | |  |  |
| **注：请将回执发送至 healthgis@126.com，并附汇款凭证（现场缴费请在此处注明）：** | | | | | | | |

**附件4-第八届“地理信息和空间分析技术在公共卫生健康领域的应用”研讨会投稿回执**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **论文题目** |  | | | |
| **作者顺序** | **姓名** | **工作单位** | **是否参会** | **是否为报告人** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **摘要**  **（500字）** |  | | | |
| **关键词（3-5个）** |  | | | |
| **投稿形式** | **1.报告研讨：是/否； 2.海报（图册形式分发给所有参会人员）：是/否；** | | | |