中国仪器仪表学会分析仪器分会

核磁共振仪器专业委员会

**2015低场核磁共振技术与应用高级培训班（回执）**

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| 姓 名 |  | 性别 |  | 职称/职务 | |  |
| 单 位 |  | | | | | |
| 联系地址 |  | | | | 邮编 |  |
| 电话/手机 |  | | | | | |
| E-mail |  | | | | | |
| 住 宿 | □合住 □单间 | | | | | |
| 开票信息确认表 | | | | | | |
| 发票抬头 |  | | | | | |
| 发票内容 |  | | | | | |