**附件1 儿童医药健康产品产业分会第四届年会参会回执表**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **单位名称** | |  | | | | | | | |
| **通信地址** | |  | | | | | **邮编** |  | |
| **开票信息** | **名 称** | |  | | | | | | |
| **纳税人识别号** | |  | | | | | | |
| **地址、电话** | |  | | | | | | |
| **开户行及账号** | |  | | | | | | |
| **姓名** | | **性别** | **职务** | **所学专业** | **微信号** | **邮箱** | | | **手机** |
|  | |  |  |  |  |  | | |  |
|  | |  |  |  |  |  | | |  |
|  | |  |  |  |  |  | | |  |
|  | |  |  |  |  |  | | |  |
| **共计\_ 位** | | **金额大写：\_\_\_\_万\_\_\_\_仟\_\_\_\_佰\_\_\_\_拾\_\_\_\_元；小写：￥\_\_\_\_** | | | | | | | |
| **产业分会**  **指定账号** | | **儿童医药健康产品产业分会付款二维码（新）世界中医药学会联合会：110060971018002604480344**  **开户行：交通银行北京育惠东路支行**  **支付方式：**  微信扫码支付  世界中联儿童医药健康产品产业分会  **电子汇款：□**  **现场付款：□** | | | | | | | |
| **住宿** | | **单住□ 合住□** | | | | | | | |
| **是否参加项目路演: 是□ /否□ 路演题目：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |
| **项目征集： 是□ /否□** | | | | | | | | | |
| **招募需求：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |
| **联系电话：13552135287 邮箱：ertonglianmeng@163.com** | | | | | | | | | |

**附件2： 项目转化/路演项目征集表**

|  |  |
| --- | --- |
| **项目名称** |  |
| **基本情况（类别、适应症/功能主治、研发进度、合作方式）** | |
|  | |
| **成果简介** | |
|  | |
| **市场前景** | |
|  | |
| **产权情况** | |
|  | |
| **获得荣誉** | |
|  | |
| **联系方式** | |
| **联系人： 联系电话：**  **微信： 邮箱：**  **地址：** | |