**附件：第六届全国脑成像与脑电研究与应用学术大会报名回执**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名\* |  | | 性别 |  | 身份\* | | | 教研（）  学生（） | | | 职称 | |  | |
| 提交摘要\* | 是□ 题目：  否□ | | | | | | | | | | | | | |
| 单位名称\* |  | | | | | | | | | | | | | |
| 通讯地址 |  | | | | | | | | | | | 邮编 | |  |
| 手机号\* |  | | | Email\* | |  | | | | | | | | |
| **缴费信息**\*  (如现场缴费请在备注中注明) | **汇款人** |  | | **汇款金额** | |  | | | | **汇款日期** | |  | | |
| **发票抬头及税号** |  | | | | | **备注** | |  | | | | | |
| **住宿信息\*** |  | | | | | | | | | | | | | |

注：1.带\*项必填，学生包括本科生、研究生；

2.本表可复印、复制。