**附件一：2019年广东省认知科学学会学术年会暨第二次会员代表大会报名回执**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名\* |  | | 性别 |  | 身份\* | | | 教研（）  学生（） | | | 职称 | |  | |
| 单位名称\* |  | | | | | | | | | | | | | |
| 通讯地址 |  | | | | | | | | | | | 邮编 | |  |
| 手机号\* |  | | | Email\*  微信号 | |  | | | | | | | | |
| **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**\* |  | | | | | **税号**\* | |  | | | | | |
| **住宿信息\*** |  | | | | | | | | | | | | | |
| **备注：** |  | | | | | | | | | | | | | |

**注**：请在空白处注明住宿信息和时间段，本表可复制