**附件2**

**第十届全国科学教育学科与专业建设研讨会**

**参会回执**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | | | **性 别** | | | |  | | **民 族** | | |  |
| **工作单位** |  | | | | | | | | | | | | |
| **职 务** |  | **职 称** | | | |  | | | **邮编** | | |  | |
| **通信地址** |  | | | | | | | | | | | | |
| **联系电话** |  | | | | **传　真** | |  | | | | | | |
| **电子信箱** | | |  | | | | | | | | | | |
| **是否申请做主题报告** | | | **是 □ 否□** | | | | **是否提交论文** | | | | **是□ 否□** | | |
| **住宿** | | | **一人单独住 □** | | | | | | | | **与他（她）人拼住□** | | |
| **报告题目** | | |  | | | | | | | | | | |
| **论文题目** | | |  | | | | | | | | | | |

注：请参会人员务必在2019年9月10日前发送回执到会议专用电子邮箱kxjyyth2019@163.com。