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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | 姓名拼音 | | | |  | | | | | 性别 | |  |
| 户籍所在地 |  | | 身份证号码 | | |  | | | | | | 出生日期 | | |  | |
| 护照类型 | □公务护照 □因私护照 □暂无护照(预计办理周期： 天 ) | | | | | | | | | | | | | | | |
| 护照号码 |  | | | 护照生效日期 | | | |  | | | 护照截止日期 | | | |  | |
| 家庭住址 |  | | | | | | | | | | | | | | | |
| 紧急联系人信息 | 姓名 |  | | 与您的关系 | | |  | | | | 电话 | |  | | | |
| 工作单位名称(中英文对照) |  | | | | | | | | | | | | | | | |
| 工作单位地址、邮编 |  | | | | | | | | | | | | | | | |
| 所在科室部门 |  | | | | | | | | | | | | | | | |
| 职务 |  | | | | | | | | | | | | | | | |
| 工作电话 |  | | | | | | 手 机 ： | | |  | | | | | | |
| 工作传真 |  | | | | | | E-mail | | |  | | | | | | |
| 最高学历(本科/研究生/博士) |  | | | | | | 专业 | | |  | | | | | | |
| 是否为会议会员(并注明所属协会名称) |  | | | | | | 会议会员ID | | |  | | | | | | |

附件2.参会人员确认信息表