附件

儿童用药辅料的选择及安全性评价专题研讨会报名表

|  |  |  |  |
| --- | --- | --- | --- |
| **单位/企业名称：** | | | |
| **姓名** |  | **联系电话** |  |
| **电子邮箱** |  | **通讯地址** |  |