**编号：**

**《现代医学与健康研究电子杂志》审稿专家登记表**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** |  | **政治**  **面貌** | |  | **照**  **片** |
| **出生**  **年月** |  | **学历** |  | | | |
| **技术**  **职称** |  | **行政**  **职务** |  | | | |
| **毕业**  **院校** |  | | | | | |
| **所学**  **专业** |  | | | | | | |
| **工作**  **单位** |  | | | | | | |
| **通信**  **地址** |  | | | | | | |
| **邮编** |  | | **身份证号码** | | **（审稿费实名登记需要）** | | |
| **手机** |  | | **E-mail** | |  | | |
| **主要**  **研究**  **方向** |  | | | | | | |
| **学术**  **团体**  **任职**  **情况** |  | | | | | | |
| **主要**  **学术**  **成果** |  | | | | | | |
| **本人签名：**  **年 月 日** | | | | | | | |

**注：请将登记表发送本刊邮箱：xdyx2020@vip.163.com**