

Acceptance Form

接受函

Sponsorship to 对[秦叔逵 教授]的赞助

Please return Form to: 请将本表格返还至:

Bristol-Myers Squibb (Shanghai) Trading Co., Ltd

百时美施贵宝(上海)贸易有限公司

Fax: 传真:

Attention: 收件人:

I have read the above and accept the conditions of this educational assistance. I confirm that I have obtained any permission or approval needed from any institution/government agencies to accept the sponsorship. My attendance is fully and solely for my own enhancement of my medical knowledge and information. My acceptance of this sponsorship does not result in a conflict of interest between me and any third party and I will not, by reason of having accepted this sponsorship, exert or exercise any influence directly or indirectly on any third party, institution or organization, in relation to the product or services of BMS.

I further warrant and represent that BMS's payment of compensation and expenses to me is permissible under all laws, regulations and rules applicable to me.

Furthermore, I warrant that nothing contained in this letter agreement shall be construed in any manner as an obligation or inducement for me to refer my patients, if any, to any product manufactured or distributed by BMS or to order for my patients any product manufactured or distributed by BMS.

我已阅读以上内容并接受你们对此活动提供赞助的条件。我确认接受此次赞助已取得所在机构/政府行政部门的允许/批准。我的与会仅且仅为本人之医药知识和信息的增加。我接受此次赞助不会造成我与任何第三方之间的利益冲突, 且我将不会因接受此次赞助而对任何第三方、机构或组织直接或间接地产生或引起与 BMS 的产品或服务有关的任何影响。

我另外承诺并表示 BMS 所为我承担的费用根据适用于我的所有法律和法规都是允许的。此外, 我承诺本信函协议所含内容在任何情况下不能解释为我有责任或诱导我向我的病人(如果有)推荐任何由 BMS 生产或经销的产品, 或为我的病人订购 BMS 生产或经销的产品。

Signed: 与会者签名



Date: 日期

2017.10.28

Name: 与会者姓名

秦叔逵

E mail Address: 电子邮件:

Address: 地址:

中国人民解放军第八一医院

Mobile: 手机号码:

13905158713

Phone: 电话:

Fax: 传真

Contact Person: 联系人:

Acceptance Form

接受函

Sponsorship to 对[吴穷 教授]的赞助

Please return Form to: 请将本表格返还至:

Bristol-Myers Squibb (Shanghai) Trading Co., Ltd

百时美施贵宝(上海)贸易有限公司

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Signed: 与会者签名  **Date:** 日期 2017.10.28

Name: 与会者姓名 吴穷

E mail Address: 电子邮件: _____

Address: 地址: 蚌埠医学院附属医院肿瘤中心

Mobile: 手机号码: 15155266035

Phone: 电话: _____ **Fax:** 传真: _____

Contact Person: 联系人: _____

Acceptance Form

接受函

Sponsorship to 对[白莉 教授]的赞助

Please return Form to: 请将本表格返还至:

Bristol-Myers Squibb (Shanghai) Trading Co., Ltd

百时美施贵宝(上海)贸易有限公司

Fax: 传真:

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Signed: 与会者签名 白莉 **Date:** 日期 2017. 10. 28

Name: 与会者姓名 白莉

E mail Address: 电子邮件: _____

Address: 地址: 中国人民解放军总医院

Mobile: 手机号码: 13601070299

Phone: 电话: _____ **Fax:** 传真: _____

Contact Person: 联系人: _____

Acceptance Form

接受函

Sponsorship to 对[周爱萍 教授]的赞助

Please return Form to: 请将本表格返还至:

Bristol-Myers Squibb (Shanghai) Trading Co., Ltd

百时美施贵宝（上海）贸易有限公司

Fax: 传真:

Attention: 收件人:

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Signed: 与会者签名



Date: 日期

2017. 12. 28

Name: 与会者姓名

周爱萍

E mail Address: 电子邮件:

Address: 地址: 医科院肿瘤医院

Mobile: 手机号码: 13691161998

Phone: 电话:

Fax: 传真

Contact Person: 联系人:

Acceptance Form

接受函

Sponsorship to 对[赵明 教授]的赞助

Please return Form to: 请将本表格返还至:

Bristol-Myers Squibb (Shanghai) Trading Co., Ltd

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Signed: 与会者签名



Date: 日期

28 Oct 2017

Name: 与会者姓名

赵明

E mail Address: 电子邮件:

Address: 地址:

中山大学肿瘤医院

Mobile: 手机号码: 13922132569

Phone: 电话:

Fax: 传真:

Contact Person: 联系人:

Acceptance Form

接受函

Sponsorship to 对[方维佳 教授]的赞助

Please return Form to: 请将本表格返还至:

Bristol-Myers Squibb (Shanghai) Trading Co., Ltd

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Signed: 与会者签名



Date: 日期

2017.10.28

Name: 与会者姓名

方维佳

E mail Address: 电子邮件:

Address: 地址:

浙江大学医学院附属第一医院

Mobile: 手机号码:

13758211655

Phone: 电话:

Fax: 传真

Contact Person: 联系人:

Acceptance Form

接受函

Sponsorship to 对[刘秀峰 教授]的赞助

Please return Form to: 请将本表格返还至:

Bristol-Myers Squibb (Shanghai) Trading Co., Ltd
百时美施贵宝（上海）贸易有限公司

Fax: 传真:

Attention: 收件人:

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Signed: 与会者签名  **Date:** 日期 2017. 10. 28
Name: 与会者姓名 刘秀峰
E mail Address: 电子邮件: _____
Address: 地址: 中国人民解放军第八一医院
Mobile: 手机号码: 13357837170
Phone: 电话: _____ **Fax:** 传真 _____
Contact Person: 联系人: _____