附件：

高校绿化管理和园林景观维护高级研修班报名回执

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称 | | |  | | | | | | |
| 地 址 | | |  | | | | 邮 编 | |  |
| **参 会 人 员 信 息** | | | | | | | | | |
| 序号 | 姓 名 | | | 性别 | 部门及职务 | 手 机 | | E—mail | |
| **1** |  | | |  |  |  | |  | |
| **2** |  | | |  |  |  | |  | |
| **3** |  | | |  |  |  | |  | |
| **4** |  | | |  |  |  | |  | |
| 预订房间 | | □否 □ 是 入住时间：月日 至 日 | | | | | | | |
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