附件

**报名回执**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **姓名** | **性别** | **单位及职务** | **联系电话** | **住宿（标准间/单间）** | **备注** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

注：参会报名回执请于9月18日前发送至省园林绿化行业协会邮（sdsfjylxh@126.com）