西宁国家植物园建设国际学术研讨会

回执表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 性别 |  | 民族 |  |
| 工作单位 |  |
| 职 务 |  | 职称 |  |
| 通信地址 |  |
| 联系电话 |  | 电子邮件 |  |
| 代订住宿 | 是 □ 商务标间（） 行政套间（） |
| 否 □ |

**Registration Form**

|  |  |
| --- | --- |
| Last name: | 　 |
| First / Middle name(s): | 　 |
| Gender: | 　 |
| Nationality: | 　 |
| Date of birth (DD/MM/YY): | 　 |
| Job title: | 　 |
| Department: | 　 |
| Organization: | 　 |
| Email address: | 　 |
| Booking accommodation | yes □ Twin Room□ Single room□ |
| Passport number | Please attach your passport copy with this form and send them to us |

Please fill in the form to register your participation and submit by 13th Oct 2023 to: Fang WANG or Jiao MO at wangfang@nwipb.cas.cn mojiao@nwipb.cas.cn