附件

生活垃圾分类“体验官”报名表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 年龄 | 工作单位 | 联系电话 | 个人身份媒体代表/人大代表/政协委员/公共机构工作人员/学生/热心市民等 |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| ... |  |  |  |  |  |  |