**附件：**

**2019青少年智能科技教育工作部署会报名回执表**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **姓名** | **性别** | **单位名称** | **手机** | **电子邮箱** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 单位统一社会信用代码（用于开具发票） | |  | | |

**注：此表复制有效，请认真填写，发送到zhangyc@cncktd.com**