青少年人工智能教学能力提升培训班报名回执

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| **单位名称** |  |
| **单位地址** |  |
| **证书邮寄地址** |  |
| **发票抬头** |  |
| **纳税人识别号** |  |
| **身份证号** | **姓名** | **性别** | **职务** | **手机** | **E-mail** |
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注：此表可复制,填好后请及时邮件至会务组892810100@qq.com