附件

2019年“智能制造与人才培养”公益大讲堂报名回执

填报单位：

|  |  |  |  |
| --- | --- | --- | --- |
| 单位名称 | 姓名 | 职务 | 联系电话（手机） |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |