5G与智能网联汽车融合创新发展高级研修班报名回执

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| **姓名** | **身份证号码** | **职称** | **工作单位** | **职务** | **联系电话** | **是否需要住宿（杭州市外）** | **是否需要学时证明** |
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请在8月10日前将报名回执报送至协会邮箱 xsm@e700.cn

联系人：曹主任 手机：13958062349