**江苏省高校网络、自动化运维及人工智能骨干教师研修班报名申请表**

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| 单位名称 | |  | | | 部门/院系 | |  | | | | 邮编 | |  |
| 通讯地址 | |  | | | | | | | | | | | |
| 发票抬头 | |  | | | 发票内容 | |  | | | | | | |
| 纳税号 | |  | | | 电子发票接收邮箱 | | | |  | | | | |
| 联系人 | |  | | | 电话 | |  | | | | 邮箱 | |  |
| 姓名 | 性别 | | 学历 | 毕业院校 | 职务 | 身份证 | | 手机号 | | 邮箱 | | 年前班  /年后班 | |
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