附件：2

**“5·17创客沙龙活动”报名回执表**

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| --- | --- | --- | --- | --- |
| **序号** | **主讲人姓名** | **单 位** | **职务、职称** | **联系电话** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| **序号** | **参会人姓名** | **单 位** | **职务、职称** | **联系电话** |
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| 14 |  |  |  |  |

联系人姓名： 电话： 填报时间：