**“大司空云计价平台”百场免费培训**

**报 名 回 执**

期望（预约）培训时间：20＿＿＿年＿＿月＿＿日

|  |  |  |  |
| --- | --- | --- | --- |
| **单位名称** |  | **联系人** |  |
| **电话** |  | **QQ/邮箱** |  |
| **姓名** | **性别** | **项目/部门** | **职务** | **手机** | **QQ** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 备注：（对本次的培训期望的内容和建议） |