**“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

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| **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** |
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| 备注：（对本次的培训期望的内容和建议） | | | | | |