附件：

**2024年“AIGC+”创新大赛实战师资研讨会**

**报名回执表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*姓名** | **\*所属单位** | **\*性别** | **\*职务** | **\*手机号码** | **\*邮箱** | **\*单住/合住/不住宿** | **入住日期**  **退房日期** | **合住是否需要协调**  **（自己安排/需协调）** |
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| \*开票单位名称:  \*纳税人识别号:  \*开票内容：**现代服务\*培训费**  \*接收发票邮箱:  **\*开票要求：合开/单开**  \*发票备注内容： | | | | | | | | |