**附：报名回执**

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| CSI结构系列软件技术宣讲会 6月长沙站 | | | | | |
| **单位名称** |  | | | 联系人 |  |
| 通讯地址 |  | | | 电话 |  |
| **姓名** | 性别 | 职务 | 手机  接收会议信息 | 邮箱 | |
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| 备注 | （如有其它需求请说明） | | | | |

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