中国电子学会青少年无人机技术等级考试项目启动会报名回执

**会议时间：2020年6月12日 15:30-17:00**

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| **姓 名** |  | | **性别** | |  | **职称/职务** | | | |  |
| **工作单位** |  | | | | | | | | | |
| **通讯地址** |  | | | | | **邮编** | |  | | |
| **手机** |  | | | **办公电话** | | |  | | | |
| **传真** |  | | | **E-mail** | | |  | | | |
| **随行人员信息** | | | | | | | | | | |
| **姓名** | **性别** | **职务** | | **联系电话** | | | | | **邮箱** | |
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| **回执请于6月10日前发至 kepuchuangxin@163.com** | | | | | | | | | | |
| **联系电话** | **电话：010-68600710 68600711 68600718** | | | | | | | | | |
| **通信地址** | **北京市海淀区玉渊潭南路普惠南里13号楼中国电子学会 邮编：100036** | | | | | | | | | |