**ESD 保护设计研讨会注册报名表**

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| **单位名称** |  | | | | |
| **通信地址** |  | | | **邮 编** |  |
| **单位联系人** | | | | | |
| **姓 名** | **职 务** | **电 话** | **手 机** | **电子邮箱** | |
|  |  |  |  |  | |
| **参加研讨会人员名单** | | | | | |
| **姓 名** | **职 务** | **电 话** | **手 机** | **电子邮箱** | |
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| **参加人数共计： 人** | | | | | |

# Please send the completed form to：

Email：[**service@lynneconsulting.com**](mailto:steven.yu@lynneconsulting.com)

Fax: 021-3327 5892