附件：

**广东省数智化专家信息登记表**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | **性别** | | |  | **技能职称证书** | |  | **相片** | |
| **单位名称(盖章)** |  | | | | |
| **职 务** |  | | **主要服务行业** | | | |  | |
| **学 历** |  | | **身份证号** | | |  | | | | |
| **联系电话** |  | | | **微信号** | |  | | | | |
| **手 机** |  | | **E-mail** | | |  | | | | |
| **个人介绍/研究成果** |  | | | | | | | | | |
| **协会**  **审核** | **年 月 日** | | | | | | | | |