附件3：

2024年智能研修平台应用论文推荐表

推荐省份（盖章）： 联系人： 电话：

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| **序号** | **论文题目** | **通讯作者姓名** | **通讯作者单位** | **联系电话** | **邮箱** | **所属试点名称** |
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