聚变行动报名表

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| **项目名称** |  | **姓名** |  |
| **院校** |  | **联系方式** |  |
| **项目技术路径：** | | | |
| **成果亮点及阶段：** | | | |
| **市场定位分析：潜在应用市场及竞品情况** | | | |
| **备注：更多材料可一并发送至高端医械院项目组邮箱luzhengyu@ibmd.org.cn** | | | |