附件2

**参训回执**

市县： 学校：

联络人： 联系电话：

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| **序号** | **姓名** | **性别** | **职务（职称）** | **所任学科** | **联系电话** | **电子邮箱** |
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备注：（1）请将此回执发送至邮箱**376246027@163.com**

（2）确认报名以收件人回复为准。