**附件2：报名回执表**

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| --- | --- |
| 学校名称 |  |
| 联系人/电话 |  |
| 参与培训教师 | 姓名 | 性别 | 电话 | 职务 | 学院 | 专业 |
| 1 |  |  |  |  |  |  |
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| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |
| 自行添加/删除行 |  |  |  |  |  |  |

请参加培训的学校/老师，至少在开班前3天将此表邮寄至邮箱：huangyq@kmaxxr.com