附件一：

职业院校教师教学和科研能力提升专题研修班

报名回执表

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| 单位名称 |  | | | | | | 邮编 |  | |
| 通讯地址 |  | | | | | | | | |
| 联系人 |  | | 电话 |  | | E-mail |  | 传真 |  |
| 姓 名 | 性别 | 职务 | | | 电话 | | 手机 | 住宿否 | 参加地点 |
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**备注：此表复制有效，填好后请传真到会务组收010-53031597**

**电子邮箱：[zhongjianxiepx@sina.com](mailto:zhongjianxiepx@sina.com) 联系人：黄树情**

