附件2

全省中等职业学校教学管理人员能力提升

培训班报名回执（第一期）

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| 单位名称 | |  | | | | | | |
| 传真电话 | |  | | 邮编 |  | | | |
| 姓名 | 性别 | | 部门和职务 | 办公电话 | | 手机 | 是否住宿（必填） | 备注 |
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| 详细通讯地址 | | |  | | | | |  |

（请各单位认真填写回执，发邮件至461397710@qq.com）

全省中等职业学校教学管理人员能力提升

培训班报名回执（第二期）

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| 传真电话 | |  | | 邮编 |  | | | |
| 姓名 | 性别 | | 部门和职务 | 办公电话 | | 手机 | 是否住宿（必填） | 备注 |
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全省中等职业学校教学管理人员能力提升

培训班报名回执（第三期）

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| 传真电话 | |  | | 邮编 |  | | | |
| 姓名 | 性别 | | 部门和职务 | 办公电话 | | 手机 | 是否住宿（必填） | 备注 |
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