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| 参会回执表 | | | | | | |
| 单位名称 | |  | | | | |
| 联络员姓名 | |  | | 联系电话 |  | |
| 是否住宿 | | 是□否□ | | | | |
| 编号 | 参会教师姓名 | 性别 | 单位 | | | 参会教师  联系方式 |
| 1 |  |  |  | | |  |
| 2 |  |  |  | | |  |
| 3 |  |  |  | | |  |
| 4 |  |  |  | | |  |
| 5 |  |  |  | | |  |
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| 12 |  |  |  | | |  |