附件4

启动仪式回执

单位（盖章）：

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| 序号 | 单位及职务 | 专家工作站／名师工作室 | 姓名 | 性别 | 民族 | 联系电话 | 备注 |
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研修培训回执

单位（盖章）：

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| 序号 | 单位及职务 | 专家工作站／名师工作室 | 姓名 | 性别 | 民族 | 联系电话 | 备注 |
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备注：

1.请各参会单位如实填写表格内容，于2021年4月26日前将回执表报市教科所。

2.将专家工作站、名师工作室参训人员分开统计填报。