# 附件

“幼儿教师专业素质与实践能力提升培训”参训回执表

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| 单位 | |  | | | | | |
| 通讯地址 | |  | | | | | |
| 负责人 | 姓名 |  | | | 部门 |  | |
| 职务 |  | | | 电话 |  | |
| 手机 |  | | | 邮箱 |  | |
| 联系人 | 姓名 |  | | | 部门 |  | |
| 职务 |  | | | 电话 |  | |
| 手机 |  | | | 邮箱 |  | |
| 学员  汇总 | 姓名 | 性别 | 身份证号 | 单位 | | | 手机号码 |
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说明：请参训单位认真填写此表，与中国教育科学研究院培训中心联系，以便尽快安排培训。