附件

“家庭教育指导师资专业能力提升培训”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。