附件：

**“新课改·新理念·新课程”下的高效课堂影子培训高级研修班报名回执表**

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| 单位名称 |  | | | | | | 邮 编 | | |  | | |
| 发票抬头 |  | | | | | | | | | | | |
| 纳税识别号 |  | | | | | | | | | | | |
| 校长姓名 |  | 手机 | |  | | 微信 |  | | 邮箱 | | |  |
| 领队姓名 |  | 手机 | |  | | 微信 |  | | 邮箱 | | |  |
| 参 加 人 员 | 姓 名 | 性别 | 学科 | | 职务 | 手机 | | QQ | | | E-mail | |
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| 到达时间 | 2018年\_\_月\_\_日\_\_时 总人数\_\_人；男\_\_ 人；女\_\_人 | | | | | | | | | | | |
| 温 馨 提 示 | 1．在参训期间有任何问题需要处理，请各单位领队与班主任协调解决；  2．请与单位财务提前确认开票单位名称及代码；  3．请将此表填好后发至邮箱：100120885@qq.com。  4．如需汇款，请提前联系培训中心工作人员。  5. 为便于学员开展学习及生活，交通、食宿等可统一安排，请联系工作人员填写确认函。 | | | | | | | | | | | |