附件：

**基于学校核心素养背景下的有效教学课堂实施策略体验式培训报名回执表**

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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。 | | | | | | | | | | | |