附件

第四届教育创新与发展大会暨一届五次会员代表大会报名回执表

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| 序号 | 单 位 名 称 | 姓 名 | 性别 | 民族 | 职 务 | 联系电话（手机） | 电子邮箱 | 房间预留 |
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**注：**请认真填写本表，确保信息无误，且务必于4月18日前发送本表至教促会秘书处邮箱jyfzcjh@163.com ，联系电话：0531—86972605