附件1：

**京津沪渝琼学校教育创新协作会议参会回执**

一、参会学会领导信息

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| **姓名** | **性别** | **职务** | **联系电话** | **来渝航班及到达时间** | **返程航班及起飞时间** | **备注** |
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二、参会学校信息

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| **姓名** | **性别** | **职务** | **联系电话** | **来渝航班及到达时间** | **返程航班及起飞时间** | **备注** |
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**联系人： 联系电话：**