附件1

**课程观转型与人才培养模式优化研讨会回执单**

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| 单 位 | |  | | | | 传 真 |  | |
| 通讯地址 | |  | | | | 邮 编 |  | |
| 姓 名 | 职 务 | | 性 别 | 手机 | 邮箱 | | 课堂观摩学科 | 是否观看晚会 |
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| 备注（包括餐饮要求） | |  | | | | | | |

**注：此表可复制。请务必填写希望观摩的学段（“初中”或“高中”）及学科（如“语文”、“数学”等）。**