附件1:推动学生主动学习的课堂教学变革开放日**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 | 备注 |
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| 备注（包括餐饮要求） |  | | | | | | |

**注：此表可复制。 请于4月7日前发送至csehsecc@163.com**