附件3

2023年海南省乡镇小学音乐、美术、科学骨干教师

教学能力提升培训项目参训学员回执表

市县： 填表人： 联系电话：

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| **序号** | **姓 名** | **年龄** | **性别** | **专业技术职务** | **行政职务** | **拟参训的**  **学科** | **所在单位** | **联系手机** | **身份证号码** | **省继教网 学分账号** |
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