**参会回执**

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| 姓名 | 性别 | 职务 | | 职称 | 民族 | 手机 | 电子邮箱 |
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| 院校全称 | 浙江万里学院 | | | | 院系 |  | |
| 发票抬头 | 浙江万里学院 | | | | 纳税人识别号 | 12330000470007514H | |
| 备注（其他要求） | | | 第二期教师综合能力提升研修班培训费用 | | | | |