附件2

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| 培训报名表（第一期） | | | | | | |
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| 负责人： | | | | （盖章） | |  |

# **填写说明**

1.请二级单位审核教师职称，确保信息真实有效。

2.纸质报名表需加盖单位公章，电子版发送至教发中心邮箱（ltbc\_tdc2021@163.com）