**附件3：**

培训参会回执

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| **序号** | **姓名** | **教研室/科室** | **职称/职务** | **手机号** | **备注** |
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**单位（盖章）： 联系人及电话：**

注：本回执请于10月15日（周二）17:00前发送pdf（加盖公章）和word版至电子邮箱：metc@njucm.edu.cn