**附件1：**

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| **新能源汽车骨干教师研修班课程报名回执表** | | | | | | | | | | | |
| 序号 | 单位名称 | 姓名 | 性别 | 民族 | 身份证号码 | 联系方式 | 专业 | 工作年限 | 到达  时间 | 7天培训班 | 14天培训班 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |