附件二：报名回执

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| 2024年湖北医药学院暑期高校思政课教师专题研修班报名回执 | | | | | | | |
| **研修单位** |  | | | | | | |
| **研修人数** |  | **研修时间** |  | | | | |
| **联系人** |  | **联系电话** |  | | | | |
| **序号** | **姓名** | **性别** | **民族** | **职务/职称** | **手机号码** | **身份证号码** | 备注 饮食禁忌等 |
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