附件2

2021年鲁渝教科研协作项目中小学心理健康

教育能力提升专题培训参培回执汇总表

填报单位： 联系人： 联系电话：

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| 序号 | 姓名 | 性别 | 单位（学校） | 职务 | 是否住宿 | 联系电话 |
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