**全国职业院校“十三五”发展规划暨学校管理能力提升**

**研讨会参会回执表**

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| 单位名称 |  | | | | | | | | | | | |
| 通讯地址 |  | | | | | | | | 邮编 | |  | |
| 参会人数 |  | 联系人 |  | 手机 |  | | 邮箱 |  | | | | |
| 姓名 | | 性别 | 职务/职称 | | 手机 | 邮箱 | 报到时间 | 交通方式 | | 是否住宿 | 是否合住 | 备注 |
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