附件3

CAP课程培训报名表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **计划参训课程** | **基本情况** | | | | | | | | |
| **学校** | **姓名** | **性别** | **年龄** | **民族** | **第一学历** | **最后学历** | **毕业院校** | **所教学科** |
| 1 |  |  |  |  |  |  |  |  |  |  |
| **联系方式** | | | | | | | | |
| **手机** | | **E-mail** | | **微信** | | **通讯地址** | | |
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