**“智慧教室”参加培训回执表**

**学院：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 参会人数\_\_\_\_\_\_**

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| **序号** | **姓名** | **联系方式** | **参加时间（√）** |
| **10月24日（周三）12:15（第一场）** | **10月25日（周四）12:15（第二场）** |
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