附件：

本科教学工作会议回执表

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| --- | --- | --- | --- | --- |
| **序号** | **单位** | **姓 名** | **手机号** | **备注** |
| 1 |  |  |  |  |
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注意事项：请于4月29日11:30前将回执发至邮箱zhengw764@nenu.edu.cn

 因故不能参会人员请在备注栏标明原因