附件2

**市参训人员名单汇总表**（第1期2019.5.19-2019.5.25）

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| **姓 名** | **性别** | **工作单位** | **职 务** | **职称** | **办公电话及手机** |
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**市参训人员名单汇总表（**第2期2019.5.26-2019.6.1**）**

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| **姓 名** | **性别** | **工作单位** | **职 务** | **职称** | **办公电话及手机** |
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注：1.请各设区市教育局统一填报本表格，并于5月10日前发送至邮箱：xsgzwyh2010@163.com（收到后有自动回复）；2.交流发言人员名单请用红色标示。