**附件一**

**参 会 回 执**

**学院： 填报人：** **联系电话：**

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| **系（专业）** | **姓名** | **教学负责人/专业建设骨干/课程负责人** | **联系电话** | **参会地点**  **X9504/J4105** |
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| 备注：请务必于6月29日12:00前将此回执发送至pjb@swjtu.edu.cn | | | | |