附件 1：

**常州市培智学校课堂教学研讨**

**暨江苏省前瞻性项目“生活适应三百课”交流活动回执**

**单位名称：**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **职务** | **联系电话** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |