附件一： **参 会 回 执**

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| **序号** | **学校** | **姓名** | **职务** | **8号是否住宿** | **类型1：省实验学校****类型2：市珠协会员单位** | **是否参与珠算能力展评** | **珠心算****教学年数** |
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填表人： 电话：

附件二： **7月9日新增参加全天培训人数统计表**

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| **序号** | **学校** | **姓名** | **类型1：省实验学校****类型2：市珠协会员单位** |
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