**附件2**

**首届湖湘教师写作训练营报名表**

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| 单位名称 |  | | | | | | | | |
| 通讯地址 |  | | | | | | 邮编 | |  |
| 联系人 |  | | | 电话 |  | | 传真 | |  |
| 活动代表名单 | | | | | | | | | |
| 姓名 | 性别 | 职务 | 职称 | | 手 机 | 电子邮件 | | 请标明：**1.会务套餐；2.入住酒店与天数** | |
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| 开票单位名称及税号  （请务必核实无误） | | |  | | | | | | |