**附件二：**

**市参加全省老年大学系统“说课”报名表**

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| **学校** | **教师姓名** | **性别** | **课程** | **联系方式** |
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**附件三：**

**参 会 回 执**

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| **参会单位** |  | | |
| **姓名** | **性别** | **职务** | **电话** |
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**注：**请各单位于2025年5月20日前，将参会回执电子版报至安徽省老年大学协会办公室，电子邮箱：ahslndxxh@qq.com。若携带司机，请在回执上备注。