附件2

老年教育教学研究论文报送汇总表

报送单位（盖章）：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **论文题目** | **作者** | **作者单位** | **手机** | **备注** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
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| **18** |  |  |  |  |  |

（可加页）

**报送单位联系人： 联系电话：**

**报送时间： 2025年 月 日**