附件2

**辽宁省中小学教师信息技术应用能力提升工程2.0**

**项目办管理团队参训报名表**

市: 大连市 市级联系人： 关爽 单位： 大连教育学院 职务： 电话：13654096451

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| **序号** | **县区**（市级团队免填） | **团队类别**（选填“市级项目办”“县区项目办”“示范校管理团队”） | **姓名** | **性别** | **民族** | **出生年月** | **职称** | **工作单位** | **部门** | **职务** | **手机号码** |
| 1 |  | 县区项目办 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
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| 7 |  |  |  |  |  |  |  |  |  |  |  |