**附件2**

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| **2023年长三角地区骨干教师交流研修推荐人选**  **区汇总表** | | | | | | | | | | |
| **推荐区： 区联系人： 联系电话： 填报时间：** | | | | | | | | | | | | | |
| **序号** | **姓名** | | **性别** | **出生年月** | **市（县、区）** | **工作单位及职务** | **所属学段** | **任教学科或专业** | **专业技术职务** | **移动电话** | **邮箱** | **个人简介（不超过200字）** | |
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