附件1：

**2023年鸡西市中小学人工智能普及教育师资培训**

**参训教师回执**

**单位名称：\_\_\_\_\_\_\_\_ 联系人：\_\_\_职务：\_\_\_\_\_\_\_联系电话：**\_\_\_\_\_\_\_\_\_\_\_\_

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参会回执请于11月3日17时前上传邮箱：jxedu2009@163.com 电话：2328542