附件

北京师范大学2023年学生工作研讨会参会回执

单位： 联系人： 联系方式：

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| **序号** | **姓名** | **性别** | **职务/职称** | **分管工作** | **联系方式** | **是否用清真餐** | **是否住宿** | **出行方式（√）** | **自驾车牌号** |
|  |  |  |  |  |  |  |  | □ 集体前往  □ 自行前往 |  |
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