附件1：

**“混合式学习与翻转课堂研讨会”报名回执**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 部门 |  | | | |
| 姓名 | 职务 | 办公电话 | 手机 | E-mail |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

（请填写回执后发邮件至zdxhmetc@163.com）