**公开课培训签到表**

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| 课程名称： | | | |
| 培训时间： 培训地点： | | | |
| 培训部门： 培训讲师： | | | |
| 序号 | 姓名 | 部门 | 签到 |
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| 培训管理员签字： 日期： | | | |