附件4

社区教育实践创新项目汇总表

省教育厅（教委）（盖章） 省级联系人： 联系电话：

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| 序号 | 项目  主题 | 项目负责人  姓名 | 所在  单位 | 年龄 | 职务/  职称 | 微信 | 联系  电话 |
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