附件2

非学科类培训机构调查摸底汇总表

填报单位：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 填报人：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 填报时间：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **序号** | **机构名称** | **办学地址** | **举办者及电话** | **经营范围** | **招生对象** | **何时实地调查** | **调查人及电话** |
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注：此表请分别于8月1日、8月15日报送两次。