附件

参赛项目汇总表

推荐单位（盖章）：

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| **序号** | **申报单位（团队）** | **项目名称** | **项目简介** | **联系人** | **联系人电话** | **联系人邮箱** |
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| 备注：请将汇总表电子版发送至**sdmtxh@163.com**。联系人：高飞 电话：0531-85685213 | | | | | | |