附件2

案例推荐汇总表

推荐单位名称： **（加盖单位公章）**

联系人： 联系电话：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **案例名称** | **申报单位** | **申报方向** | **联系人** | **电话** | **邮箱** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **…** |  |  |  |  |  |  |

**备注：请各单位按推荐优先级排序。**