**附件**

培训项目需求征集表

市科协: 联系人： 联系电话：

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|  | 拟培训 时间 | 拟培训地点 | 培训  人数 | 培训具体内容 | 培训联系人 （县区科协） | 联系电话 | 备注 |
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