**附件**

培训项目需求征集表

 市科协: 联系人： 联系电话：

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 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 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |