**《航空航天模型运动课程标准（试行版）》征求意见表**

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| 姓名 |  | 单位/职务 |  | | 联系方式 |  |
| 电子邮箱 |  | | | | | |
| 条款号 | 修改内容 | | | 修改原因 | | |
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| **注：**该表可另附纸。 | | | | | | |