附件

活动意向表

**省（区、市）鉴定站**：  **填报人： 联系方式：**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **举办单位** | **活动名称** | **活动简介** | **拟举办时间** | **联系人** | **联系方式** | **备注** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |