附件2

案例信息汇总表

推荐单位（盖章）： 日期：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **申报方向** | **案例名称** | **推荐单位** | **申报单位** | **推荐单位联系人及联系方式** | **申报单位联系人及联系方式** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| …… |  |  |  |  |  |  |