附件2

湖南省智能制造系统解决方案供应商申报信息汇总表

推荐单位（盖章）：

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| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **申报单位名称** | **联系人** | **职务** | **联系方式（固话）** | **联系方式（手机）** | **电子邮箱** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
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填报人： 联系电话：