附件1

2024年“中国流动科技馆”湖南巡展申报站点汇总表

执行单位（公章）： 填报日期： 填报人及电话：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **站点名称** | **计划巡展时间** | **计划巡展地点** | **联系人** | |
| **姓名** | **联系方式** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| … |  |  |  |  |  |
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