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| **2019年度沈阳市科技创新智库决策咨询课题结题鉴定申请汇总表**  申报汇总单位(公章)： 填表日期： | | | | | | |
| **序号** | **课题名称** | **负责人** | **工作单位及职务职称** | **邮箱地址** | **联系电话** | **课题组成员** |
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| 填表人： 联系电话： | |  |  |  |  |  |