**附件3**

**案例汇总表**

填报单位： (公章) 填报人及联系方式：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **案例名称** | **申报单位** | **案例类别** | **联系人** | **联系方式** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |

(请将案例汇总表盖章扫描后报送至指定邮箱：swtzbsyb2010@163.com)